

**IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA
NORTHERN DIVISION**

JAMES G. HUFFMAN

Plaintiff,

v.

SOUTHERN HEALTH SERVICES, et al.,

Defendants.

**CIVIL ACTION NO. 2:06-CV-748-MEF
(WO)**

DEFENDANTS' SPECIAL REPORT AND ANSWER

Defendants, Southern Health Partners, Inc. (designated in the Complaint as both “Southern Health Services Partners” and “Nurses of Southern Health Partners”), and Kenneth Nichols, M.D., (designated in the Complaint as both “Dr. Nichols” and “Dr. Nicholson, M.D.”) submit their Special Report and Answer to the Court as follows:

I. INTRODUCTION

The plaintiff filed his Complaint on August 22, 2006 and his amended complaint on September 28, 2006. On August 30, 2006, this Court ordered Defendants to file an Answer and Special Report concerning the factual allegations made by the plaintiff in his Complaint and amendments thereto. Pursuant to paragraph one of the Order for Special Report, Defendants aver that there are no similar complaints against them that should be considered with this complaint. This Court has dismissed *Hollis v. Ellis*, CV No. 2:06-CV-814-WKW, which was referenced by the co-defendants.

II. PLAINTIFF'S ALLEGATIONS

The plaintiff alleges that these Defendants failed to provide adequate or appropriate medical attention in violation of the plaintiff's Eighth Amendment right to be free from cruel and unusual punishment. Specifically, the plaintiff alleges that Dr. Nichols and SHP's medical nursing staff were deliberately indifferent to the plaintiff by failing to provide him adequate medication for his heart problems, back pain and anxiety/bipolar disorder, which he claims caused him to suffer a heart attack in late April 2005 and to be rushed to Baptist Medical Center Emergency Room in May 2005.¹

III. DEFENDANTS' ANSWER TO PLAINTIFF'S ALLEGATIONS

Defendants deny the allegations made against them by the plaintiff as said allegations are untrue and completely without basis in law or fact. Defendants deny that they acted, or caused anyone to act, in such a manner as to deprive the plaintiff of any right to which he was entitled. The plaintiff's Complaint fails to state a claim upon which relief can be granted. Defendants raise the defenses of Eleventh Amendment immunity, qualified immunity, the plaintiff's failure to comply with the Prison Litigation Reform Act and additional defenses presented below. Defendants reserve the right to add additional defenses if any further pleading is required or allowed by the law.

IV. SWORN STATEMENTS

Pursuant to Paragraph 2 of the Court's Order, Defendants submit the affidavits of Dr. Nichols (Exhibit 1), and Tina Ellis, LPN (Exhibit 2), who are persons having knowledge of the subject matter of the Complaint.

¹ This statement of the plaintiff's allegations is based upon the plaintiff's Complaint as amended and the undersigned's interpretation of the issues raised. If other issues are presented, Defendant requests that this Honorable Court grant Defendants an opportunity to answer and address those issues.

V. STATEMENT OF FACTS

A. Background

1. Dr. Nichols obtained his medical degree from UAB in 1982. From 1982 to 1985, he performed an internal medicine internship and residency at Baptist Memorial Hospital in Memphis, Tennessee. From July 1985 to the present, he has been in private practice in internal medicine in Prattville, Alabama. He is licensed by the State of Alabama as a medical doctor and has been so since 1985. Since 1997, Dr. Nichols has been the medical director of the Autauga County Jail. Since November 2005, he has been employed by Southern Health Partners, Inc. ("SHP") to be the medical director of the Autauga County Jail. (Nichols Aff. at ¶ 2.)

2. Tina Ellis, LPN ("Nurse Ellis") obtained her LPN degree from Bevill State Community College in Hamilton, Alabama in December 2005. In May 2006, she became licensed by the State of Alabama as an LPN. Since May 2006, she has been employed by Southern Health Partners, Inc. ("SHP") as the medical team administrator ("MTA") for the Autauga County Jail. (Ellis Aff. at ¶ 2.)

3. SHP provides medical care to inmates in various jail facilities, including the Autauga County Jail. From November 2005 to the present, health care services have been provided to inmates by SHP pursuant to a contract between SHP and the Autauga County Commission. Health care in the jail is provided under the direction of a medical team administrator ("MTA") as well as a medical director. During the period complained of by the plaintiff in this action, Dr. Nichols was the medical director of the jail, and Jennifer Cook, Donna Cooley, Gail Colburn and Tina Ellis have served as the MTA. (Nichols Aff. at ¶ 3.)

4. When an inmate in the jail requires routine medical care, he or she obtains an inmate sick call slip from the corrections officer on duty in the housing unit and that form is provided to the medical staff for action. Routine sick calls are conducted by the medical staff inside the housing unit. (Nichols Aff. at ¶ 4.)

B. Chronology of the plaintiff's treatment

5. A true and correct copy of SHP's entire medical chart on the plaintiff is attached to Nurse Ellis' affidavit as Exhibit A. (Ellis Aff. at ¶6.)

6. The plaintiff's January and February 2004 medical records from Baptist Medical Center East in Montgomery, Alabama are attached to Dr. Nichols' affidavit as Exhibit A, the plaintiff's April 27, 2005 discharge summary from Shelby Baptist Hospital in Alabaster, Alabama is attached to Dr. Nichols' affidavit as Exhibit B, and records related to the plaintiff's May 30, 2006 emergency room admission are attached to Dr. Nichols' affidavit as Exhibit C. (Nichols Aff. at ¶ 6.)

7. The plaintiff was booked into the Autauga County Jail on September 13, 2005. On September 15, 2005, Dr. Nichols saw the plaintiff. In this initial presentation, the plaintiff said he was taking Plavix for his heart, Zocor for high cholesterol and Xanax for anxiety. Plaintiff gave a medical history of two stents and a prior heart attack in January 2004. He also mentioned problems with anxiety and his back and said that he had undergone surgery for a ruptured spleen in November 2004. Dr. Nichols assessed him as having arteriosclerotic cardiovascular disease (ASCVD) and prescribed Plavix 75 mg. daily for his heart, Mevacor for cholesterol, Paxil and Atarax for anxiety and Vasotec for high blood pressure. (Nichols Aff. at ¶ 7.)

8. Upon review of the plaintiff's January and February 2004 records from Baptist

Medical Center East (Ex. A), the plaintiff did not suffer a heart attack in January 2004. On January 27, 2004, he was admitted to Baptist Medical Center East with complaints of chest pain, and he was seen by Dr. Finklea, who ruled out heart attack. Based on the history taken by Dr. Finklea, the plaintiff had a stenting of his left anterior descending ("LAD") artery in July 2002. He underwent repeat catheterization in January 2003 for recurrent chest discomfort and the stent was found to be open. On January 29, 2004, the plaintiff underwent catheterization performed by Dr. Finklea, who found the plaintiff's LAD stent to be patent and placed another stent in the circumflex artery. In his discharge instructions, Dr. Finklea prescribed Plavix 75 mg daily for three months, which would have expired at the end of April 2004. (Nichols Aff. at ¶ 8.)

9. On September 29, 2005, Dr. Nichols saw the plaintiff in follow-up to his September 15th appointment, and the plaintiff complained that he did not get his heart medications the prior week. Dr. Nichols' assessment remained ASCVD and he changed the plaintiff's prescription to include Elavil at night to help him sleep. (Nichols Aff. at ¶ 9.)

10. On October 6, 2005, Dr. Nichols saw the plaintiff for complaints of not sleeping. Dr. Nichols prescribed Elavil 100 mg. at the hour of sleep. (Nichols Aff. at ¶ 10.)

11. On November 8, 2005, Dr. Nichols discontinued the plaintiff's Paxil prescription and started the plaintiff on Fluoxetine (brand name Prozac) 20 mg. for depression and anxiety. (Nichols Aff. at ¶ 11.)

12. On November 9, 2005, Dr. Nichols discontinued the plaintiff's prescription for Plavix and prescribed aspirin 325 mg. by mouth twice a day for his heart. Based upon Dr. Nichols' medical judgment, Plavix was no longer indicated, because it had been 22 months since the plaintiff's last

cardiac event in January 2004. Also, Plavix, at that time, was not on SHP's formulary of approved drugs. (Nichols Aff. at ¶ 12.)

13. In November 2005, the plaintiff was administered the following medications:

- Aspirin for his heart.
- Lovastatin (brand name Mevacor) for cholesterol.
- Atarax for anxiety
- Vasotec for high blood pressure.
- Amitriptyline (brand name Elavil) to help him sleep.
- Paxil for depression and anxiety up through November 29, 2005.
- Fluoxetine (brand name Prozac) on November 30, 2005 for depression/anxiety.

(Nichols Aff. at ¶ 13.)

14. In December 2005, the plaintiff was administered the following medications:

- Aspirin for his heart.
- Lovastatin for cholesterol.
- Vasotec for high blood pressure.
- Amitriptyline HCL (brand name Elavil) to help him sleep.
- Fluoxetine (brand name Prozac) for anxiety and depression.
- Hydroxyzine PAM (brand name Vistaril) for anxiety.

(Nichols Aff. at ¶ 14.)

15. On December 10, 2005, the plaintiff completed an inmate sick call slip, complaining that Dr. Finklea told him that he needed to take Plavix everyday for life. The plaintiff was seen by Gail Colburn, RN-- the MTA during this time period-- on December 16, 2005, and Nurse Colburn

educated the plaintiff on the medications he was taking and advised the plaintiff that he could take Plavix if it was brought from home. As stated before, at this juncture, it was Dr. Nichols' opinion that Plavix was not indicated, although it would not hurt the plaintiff if he were to take it. (Nichols Aff. at ¶ 15.)

16. On January 3, 2006, Angela Henley, LPN, performed a history and physical on the plaintiff. During his history and physical, the plaintiff identified prior heart problems and stated that he had been treated for anxiety and bipolar disorder. (Nichols Aff. at ¶ 16.)

17. From January 1, 2006 through February 6, 2006, the plaintiff was administered the following medications:

- Aspirin for his heart.
- Lovastatin for cholesterol.
- Enalapril Maleate (brand name Vasotec) for high blood pressure.
- Amitriptyline HCL (brand name Elavil) to help him sleep.
- Fluoxetine (brand name Prozac) for anxiety and depression.
- Hydroxyzine PAM (brand name Vistaril) for anxiety.

(Nichols Aff. at ¶ 17.)

18. On February 6, 2006, the plaintiff was discharged from the Autauga County Jail. (Nichols Aff. at ¶ 18.)

19. The plaintiff was again booked into the Autauga County Jail on April 30, 2006. In his complaint, the plaintiff claims that he had a heart attack on April 22, 2006, and was discharged from the hospital on April 27, 2006. Attached as Exhibit A to Dr. Nichols' affidavit is the discharge summary from Shelby Baptist Medical Center dated April 27, 2006. As set out in the discharge

summary, the plaintiff was admitted to the hospital with complaints of chest pain, but he was not diagnosed with a heart attack. Instead, the cardiologist recommended that he undergo a cardiac catheterization, which showed no change from his previous catheterization. There was no determination that the plaintiff suffered any injury or harm from not taking Plavix or any other medication. (Nichols Aff. at ¶ 19.)

20. On May 1, 2006, Nurse Colburn performed a medical screening of the plaintiff, wherein she noted that the plaintiff had bruising on his bilateral groin area from heart catheterization. On May 5, 2006, Dr. Nichols entered an order prescribing Tylenol for the plaintiff's complaints of pain related to said bruising. (Nichols Aff. at ¶ 20.)

21. The plaintiff returned to the jail with prescriptions for Plavix, monopril and Zocor. On May 2, 2006, Dr. Nichols entered an order continuing the plaintiff on all of the same medications he was on at the time he left the jail in February, substituting lovastatin for Zocor, aspirin for Plavix and Vasotec for monopril. Again, based on the plaintiff's history, it was Dr. Nichols' medical judgment that the plaintiff did not need Plavix for his heart and could be adequately treated with aspirin. (Nichols Aff. at ¶ 21.)

22. On May 3, 2006, the plaintiff was brought to the medical staff complaining of chest pain. He was seen by Angela Henley, LPN, who noted that the plaintiff attributed his chest pain to soreness related to him trying to catch himself from falling. Nurse Henley took the plaintiff's vital signs and monitored him for a couple of hours without further complaint. (Nichols Aff. at ¶ 22.)

23. On May 10, 2006, the plaintiff completed an inmate sick call slip, complaining of an abscess tooth on his right bottom jaw. On May 12, 2006, the plaintiff was seen by Marlo Oaks, RN. Pursuant to Dr. Nichols' protocol for such complaints, the plaintiff was ordered Keflex and

Percogesic and was added to the dental list. On May 24, 2006, the plaintiff was seen by Dr. Roberson, an Autauga County dentist. Dr. Roberson found that the plaintiff had two infected teeth, and he extracted same. (Nichols Aff. at ¶ 23.)

24. On May 11, 2006, Dr. Nichols saw the plaintiff, and the plaintiff complained of pain in the left groin and testicles related to the placement of his heart catheter. Dr. Nichols continued the plaintiff on the same medications, which included Tylenol for pain. (Nichols Aff. at ¶ 24.)

25. On May 17, 2006, the plaintiff completed an inmate sick call slip, where he again complained that he was hurting in his groin area where the surgeons had placed his heart catheter. On May 19, 2006, the plaintiff was seen by Marlo Oaks, RN in response to this sick call slip, and Nurse Oaks noted that the plaintiff was not in acute distress and added the plaintiff to the list of patients for Dr. Nichols to see. (Nichols Aff. at ¶ 25.)

26. On May 25, 2006, Dr. Nichols saw the plaintiff for his complaints of soreness in his left groin area. Dr. Nichols noted that the plaintiff had a tender epigastrium. Dr. Nichols' assessment was ASCAD and gastritis, and he prescribed Zantac for the gastritis. Dr. Nichols also ordered Tylenol to treat the plaintiff's complaints of pain. (Nichols Aff. at ¶ 26.)

27. In May 2006, the plaintiff was administered the following medication:

- Aspirin for his heart.
- Lovastatin (brand name Mevacor) for cholesterol
- Vasotec for high blood pressure.
- Amitriptyline (brand name Elavil) to help him sleep.
- Fluoxetine (brand name Prozac) for anxiety and depression.
- Hydroxyzine PAM (brand name Vistaril) for anxiety.

- Tylenol for pain.
- Keflex for dental complaints.
- Percogesic for dental complaints.
- Zantac for gastritis.

(Nichols Aff. at ¶ 27.)

28. On May 30, 2006, the plaintiff complained to the medical staff of chest pain, and Dr. Nichols gave a telephone order to send the plaintiff to the emergency room for evaluation. The plaintiff was sent to Baptist Medical Center in Prattville and was seen by Dr. Joel Sullivan, who noted a normal EKG. The plaintiff's records from this ER visit are attached as Exhibit B to Dr. Nichols' affidavit. Tina Ellis, LPN, documents this emergency room visit on June 3, 2006, but it actually occurred on May 30, 2006. Based upon the emergency room records, there was no determination that the plaintiff suffered any injury or harm from not taking Plavix or any other medication. Dr. Sullivan's discharge instructions included a prescription for Plavix, but Dr. Nichols substituted aspirin for Plavix based on his medical judgment that the plaintiff was responding well to aspirin and did not need Plavix. (Nichols Aff. at ¶ 28.)

29. On June 28, 2006, the plaintiff completed an inmate sick call slip complaining of severe pain in his back, neck and hip from injuries received from a fall down the stairs. (Nichols Aff. at ¶ 29.)

30. On June 29, 2006, Dr. Nichols saw the plaintiff in response to these complaints. Dr. Nichols assessed the plaintiff with back pain and prescribed a Medrol dose pack, Motrin and Robaxin to treat these complaints of pain. (Nichols Aff. at ¶ 30.)

31. In June 2006, the plaintiff was administered the following medications:

- Aspirin for his heart.
- Lovastatin for cholesterol.
- Enalapril Maleate (brand name Vasotec) for high blood pressure.
- Amitriptyline (brand name Elavil) to help him sleep.
- Fluoxetine (Prozac) for anxiety and depression.
- Hydroxyzine PAM (brand name Vistaril) for anxiety
- Zantac for gastritis.
- Medrol dose pack for back pain.
- Ibuprofen (Motrin) for back pain.
- Robaxin for back pain.

(Nichols Aff. at ¶ 31.)

32. On July 4, 2006, the plaintiff completed an inmate sick call slip, wherein he complained that his left ankle was swollen rising out of his fall down the stairs and requested an x-ray. (Nichols Aff. at ¶ 32.)

33. On July 5, 2006, Dr. Nichols ordered that the plaintiff receive an x-ray on his left ankle, which was performed by Dr. Randall Finley. Dr. Finley noted that the plaintiff had no fracture, dislocation or any abnormality with his ankle. (Nichols Aff. at ¶ 33.)

34. In July 2006, the plaintiff was administered the following medications:

- Lovastatin for cholesterol.
- Aspirin for his heart
- Enalapril Maleate (brand name Vasotec) for high blood pressure.
- Amitriptyline (brand name Elavil) to help him sleep.

- Fluoxetine (brand name Prozac) for anxiety and depression.
- Hydroxyzine PAM (brand name Vistaril) for anxiety.
- Zantac for gastritis.
- Medrol dose pack for back pain (up through July 5, 2006).
- Ibuprofen (Motrin) for back pain (up through July 5, 2006).
- Robaxin for back pain (up through July 8, 2006).

(Nichols Aff. at ¶ 34.)

35. In August 2006, the plaintiff was administered the following medications:

- Lovastatin for cholesterol.
- Aspirin for his heart.
- Enalapril Maleate (brand name Vasotec) for high blood pressure.
- Amitriptyline (brand name Elavil) to help him sleep.
- Fluoxetine (Prozac) for anxiety and depression.
- Hydroxyzine PAM (brand name Vistaril) for anxiety.
- Zantac for gastritis.

(Nichols Aff. at ¶ 35.)

36. On August 29, 2006, the plaintiff completed an inmate sick call slip, wherein he requested that the medical staff drop all of his medications except aspirin, Elavil and Vistaril.

(Nichols Aff. at ¶ 36.)

37. On September 2, 2006, the plaintiff completed a refusal of treatment and release of responsibility form, wherein he again stated that he wanted all of his medications stopped except Vistaril, Elavil and aspirin. (Nichols Aff. at ¶ 37.)

38. Consistent with the plaintiff's desires, the plaintiff received aspirin, Vistaril and Elavil in September 2006. On September 21, 2006, Dr. Nichols saw the plaintiff for complaints of lower back pain. Dr. Nichols noted that the plaintiff was refusing his medication. Dr. Nichols ordered that the plaintiff take ibuprofen and Flexaril, a muscle relaxer, for his back pain and also ordered that the plaintiff resume taking Lovastatin for cholesterol and Vasotec for high blood pressure. Consistent with Dr. Nichols' orders, the plaintiff resumed taking these medications. (Nichols Aff. at ¶ 38.)

39. On October 9, 2006, the plaintiff completed an inmate sick call slip, wherein he complained of experiencing pain in his left abdomen near his rib cage where he had his spleen removed. He also complained of back pain. On October 10, 2006, the plaintiff was seen by Tina Ellis, LPN, who referenced Dr. Nichols prior orders for medication. (Nichols Aff. at ¶ 39.)

40. On October 31, 2006, the plaintiff completed an inmate sick call slip, wherein he complained of pain in his abdomen and requested to see Dr. Nichols. (Nichols Aff. at ¶ 40.)

41. On November 3, 2006, Dr. Nichols saw the plaintiff for these complaints and assessed him with esophageal reflux. Dr. Nichols prescribed Reglan to assist him with this problem. (Nichols Aff. at ¶ 41.)

42. In October 2006, the plaintiff was administered the following medications:

- Lovastatin for cholesterol.
- Aspirin for his heart
- Enalapril Maleate (brand name Vasotec) for high blood pressure.
- Amitriptyline (brand name Elavil) to help him sleep.
- Fluoxetine (brand name Prozac) for anxiety and depression.
- Hydroxyzine PAM (brand name Vistaril) for anxiety.

- Zantac for gastritis.
- Mylanta for acid indigestion

(Nichols Aff. at ¶ 42.)

C. Defendants were not deliberately indifferent to the plaintiff's medical needs.

43. Based upon Dr. Nichols' review of the plaintiff's records, his treatment of the plaintiff and his education, training and experience, it is his medical opinion that the plaintiff received appropriate medications for his heart problems and anxiety. Indeed, the plaintiff regularly was administered aspirin for his heart, Lovastatin for cholesterol and Vasotec for high blood pressure. Moreover, the plaintiff was regularly administered Vistaril and Prozac to combat his anxiety. When the plaintiff complained of back pain—which was not often—he was administered medication to alleviate same. While incarcerated at the Autauga County jail, the plaintiff has not identified nor has he ever informed Dr. Nichols or the medical staff that he was taking Percocet for back pain. The plaintiff was not denied any medication, including Plavix, on the basis of cost or expense. On the contrary, Dr. Nichols' orders prescribing and discontinuing medication to the plaintiff were based solely on Dr. Nichols' medical judgment of the plaintiff's condition. (Nichols Aff. at ¶ 43.)

44. Based upon Nurse Ellis' review of the plaintiff's records, her treatment of the plaintiff and her education, training and experience, it is her medical opinion that the plaintiff received appropriate nursing care for his heart problems, anxiety and back pain. (Ellis Aff. at ¶ 44.)

45. All necessary care provided to the plaintiff by Dr. Nichols and the SHP medical staff was appropriate, timely and within the standard of care. (Nichols Aff. at ¶ 44; Ellis Aff. at ¶ 43.)

46. On no occasion was the plaintiff ever at risk of serious harm, nor was Dr Nichols or the medical staff ever indifferent to any complaint that the plaintiff made. (Nichols Aff. at ¶45; Ellis Aff. at ¶ 44.)

VI. LEGAL ARGUMENT

A. The plaintiff's claims against Defendants are due to be dismissed, because the plaintiff has presented no evidence that Defendants were deliberately indifferent to a serious medical condition.

In order to prevail under 42 U.S.C. § 1983 on his medical claim, the plaintiff must demonstrate that Defendants were deliberately indifferent to a serious medical condition. Because society does not expect that prisoners will have unqualified access to health care, deliberate indifference to medical needs amounts to an Eighth Amendment violation only if those needs are "serious." *Hudson v. McMillian*, 503 U.S. 1, 9 (1992). "A serious medical need is one that has been diagnosed by a physician as mandating treatment or one that is so obvious that even a lay person would easily recognize the necessity for a doctor's attention." *Kelley v. Hicks*, 400 F.3d 1282, 1284 n. 3 (11th Cir. 2005). Where a prisoner has received medical attention and the dispute concerns the adequacy of the medical treatment, deliberate indifference is not shown. *Hamm v. DeKalb County*, 774 F.2d 1567 (11th Cir. 1985).

Indeed, in *Estelle v. Gamble*, 429 U.S. 97, 106 (1976), the United States Supreme Court held that medical malpractice does not become a constitutional violation merely because the victim is a prisoner. Thus, the inadvertent or negligent failure to provide adequate medical care "cannot be said to constitute an unnecessary and wanton infliction of pain." (*Id.* at 105-06.) Instead, it must be

shown that there was a “deliberate indifference” to the serious medical needs of a prisoner. (*Id.* at 104.)

In addition, an inmate does not have a right to a *specific* kind of medical treatment. *City of Revere v. Massachusetts General Hosp.*, 463 U.S. 239, 246 (1983) (holding, “the injured detainee’s constitutional right is to receive the needed medical treatment; *how [a municipality] obtains such treatment is not a federal constitutional question*”) (emphasis added). Furthermore, this Court should not substitute its medically untrained judgment for the professional judgment of the medical health professionals who treated the plaintiff. See *Waldrop v. Evans*, 871 F.2d 1030, 1035 (11th Cir. 1989) (observing that “when a prison inmate has received medical care, courts hesitate to find an Eighth Amendment violation”); *Hamm v. DeKalb County*, 774 F.2d 1567, 1575 (11th Cir. 1985) (stating that the evidence showed the plaintiff received “significant” medical care while in jail, and although the plaintiff may have desired different modes of treatment, care provided by jail did not constitute deliberate indifference), cert. denied, 475 U.S. 1096 (1986); *Westlake v. Lucas*, 537 F.2d 857, 860 n.5 (6th Cir. 1976) (stating “[w]here a prisoner has received some medical attention and the dispute is over the adequacy of the treatment, federal courts are generally reluctant to second guess medical judgments.”); *Bismarck v. Lang*, 206 WL1119189 (M.D. Fla. 2006) (“Whether a defendant should have used additional or different diagnostic techniques or forms of treatment ‘is a classic example of a matter for medical judgment and therefore not an appropriate basis for liability under the Eighth Amendment.’”) quoting *Adams v. Poag*, 61 F.3d 1537, 1545 (11th Cir. 1995).

In this case, there is absolutely no evidence from which a jury could find that Dr. Nichols or the SHP medical staff acted with deliberate indifference to any serious medical need of the plaintiff. On the contrary, the plaintiff’s medical chart clearly demonstrates that all of his medical needs were

addressed in a timely and appropriate fashion. The plaintiff's heart condition, anxiety and back pain was treated with medication prescribed by Dr. Nichols on a regular basis. Indeed, the plaintiff regularly was administered aspirin for his heart, Lovastatin for cholesterol and Vasotec for high blood pressure. Moreover, the plaintiff was regularly administered Vistaril and Prozac to combat his anxiety. When the plaintiff complained of back pain—which was not often—he was administered medication to alleviate same. The decision to discontinue Plavix was based on Dr. Nichol's medical judgment that Plavix was no longer indicated. Therefore, this decision "is a classic example of a matter for medical judgment and therefore not an appropriate basis for liability under the Eighth Amendment." *Adams v. Poag*, 61 F.3d 1537, 1545 (11th Cir. 1995). Moreover, the hospital records attached as Exhibits B and C to Dr. Nichols' affidavit demonstrate that the plaintiff did not suffer a heart attack in late April 2006 and he suffered no ill effects from his emergency room admission to Baptist Medical Center on May 30, 2006. There was no determination by the plaintiff's treating physician in either incident that the plaintiff suffered any injury or harm from not taking Plavix or any other medication

Dr. Nichols and Nurse Ellis have both testified that the standard of care was met in Dr. Nichols and the medical staff's treatment of the plaintiff. The plaintiff has failed to present any evidence or medical testimony rebutting this testimony and, in fact, has presented no evidence that the treatment provided him by said Defendants was somehow indifferent to his needs.

B. SHP Is Due To Be Dismissed, Because There is No Evidence that SHP Itself Directly Caused the Violation of Any Constitutional Right Through Its Adoption of Some Official Policy or Practice.

Precedent from the U.S. Court of Appeals for the Eleventh Circuit provides that when a private corporation contracts with a state to perform a function traditionally within the province of

the state government, including the provision of medical services to state inmates, then that corporation should be treated as a governmental entity and as a person acting under color of state law within the meaning of 42 U.S.C. §1983. *Buckner v. Toro*, 116 F.3d 450, 452 (11th Cir. 1997); *Edwards v. Alabama Department of Corrections*, 81 F.Supp.2d 1242, 1254 (M.D. Ala. 2000). Although the private entity operating under such circumstances is not entitled to qualified immunity, certain special requirements for liability apply. *Edwards*, 81 F.Supp.2d at 1254-55; *McDuffie v. Hopper*, 982 F.Supp. 817, 825 (M.D. Ala. 1997). Thus, in order to prove that SHP should be liable in this case, the plaintiff would have to demonstrate that SHP itself directly caused the violation of his constitutional rights through SHP's adoption of some official policy or practice. See, e.g., *Monell v. Department of Social Services*, 436 U.S. 658, 695 (1978); *Gilmere v. City of Atlanta*, 774 F.2d 1495, 1502-03 (11th Cir. 1985). Plaintiff has failed to assert a specific allegation against SHP in his complaint, and a theory of *respondeat superior* is insufficient in any event to support a §1983 claim. Therefore, even the broad assertion that SHP was generally responsible for the acts or omissions of its medical staff would be inadequate to prove liability. For this reason, SHP is entitled to a full and final summary judgment. See, *Monell*, 436 U.S. at 691-92; *Edwards*, 81 F.Supp.2d at 1255.

C. The plaintiff's claims are barred by the Prison Litigation Reform Act for his failure to exhaust administrative remedies.

The Prison Litigation Reform Act requires exhaustion of all available administrative remedies before an inmate may file a lawsuit under 42 U.S.C. § 1983. See 42 U.S.C. § 1997e(a); *Booth v. Churner*, 532 U.S. 731, 733-34 (2001) (stating that 42 U.S.C. § 1997e(a) "requires a prisoner to exhaust 'such administrative remedies as are available' before suing over prison conditions."). Exhaustion is required for "all inmate suits about prison life, whether they involve general

circumstances or particular episodes, and whether they allege excessive force or some other wrong.”

Porter v. Nussle, 534 U.S. 516, 532 (2002).

The plaintiff has not alleged that he pursued any grievance through the State Board of Adjustment or through the jail’s grievance procedure. See *Brown v. Tombs*, 139 F.3d 1102, 1103-04 (6th Cir. 1998) (requiring prisoners to affirmatively show that they have exhausted administrative remedies). Alabama law provides the opportunity to file a claim and proceed before the Alabama State Board of Adjustment pursuant to Ala. Code § 41-9-60 et seq.

Because the plaintiff failed to exhaust all administrative remedies, the plaintiff’s claims are barred by 42 U.S.C. § 1997e(a). See *Alexander v. Hawk*, 159 F.3d 1321, 1326-27 (11th Cir. 1998) (affirming dismissal of present action due to failure to exhaust administrative remedies).

VII. REQUEST THAT SPECIAL REPORT BE TREATED AS MOTION FOR SUMMARY JUDGMENT.

A. Summary Judgment Standard

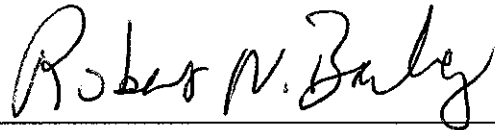
Pursuant to Rule 56 of the Federal Rules of Civil Procedure, Defendants move this Court to enter summary judgment in their favor, because, as is more particularly shown above, there is no genuine issue as to any material fact and they are entitled to judgment as a matter of law.

On a motion for summary judgment, the court should view the evidence in a light most favorable to the nonmovant. However, a plaintiff “must do more than show that there is some metaphysical doubt as to the material facts.” *Matsushita Elec. Indus. Co. v. Zenith Radio Corp.*, 475 U.S. 574, 586 (1986). Only reasonable inferences with a foundation in the record inure to the nonmovant’s benefit. See *Reeves v. Sanderson Plumbing Products, Inc.*, 530 U.S. 133 (2000). “[T]he court should give credence to the evidence favoring the nonmovant as well as that ‘evidence

supporting the moving party that is uncontradicted or unimpeached, at least to the extent that that evidence comes from disinterested witnesses.” *Reeves*, 530 U.S. at 151, quoting 9A C. Wright & A. Miller, *Federal Practice and Procedure* § 2529, p. 299. “A reviewing court need not ‘swallow plaintiff’s invective hook, line and sinker; bald assertions, unsupportable conclusions, periphrastic circumlocutions, and the like need not be credited.” *Marsh v. Butler County*, 268 F.3d 1014, 1036 n.16 (11th Cir. 2001) (*en banc*) quoting *Massachusetts School of Law v. American Bar*, 142 F.3d 26, 40 (1st Cir. 1998).

B. Motion for Summary Judgment

Defendants respectfully request that this honorable Court treat this Special Report as a motion for summary judgment and grant unto them the same.



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 Robert N. Bailey, II (BAI045)
 Attorneys for Defendants

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CERTIFICATE OF SERVICE

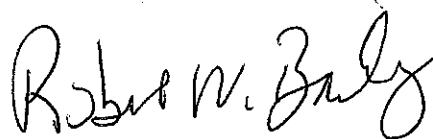
I hereby certify that I electronically filed the foregoing with the Clerk of the Court using the CM/ECF system which will send notification of such filing to the following:

John Robert Faulk
McDowell, Faulk & McDowell
145 West Main Street
Prattville, AL 36067-3033

and I hereby certify that I have mailed by United States Mail, postage prepaid, the document to the following non-CM/ECF participant:

have mailed by United States Mail, postage prepaid, the document to the following non-CM/ECF participant on this the 26th day of July, 2006:

James G. Huffman
Autauga County Jail
136 North Court Street
Prattville, AL 36067



Of Counsel

[yr] \\\FSPSQL\CPShare\CPWin\HISTORY\061114_0001\171F3.1C

Discharge Summary

HUFFMAN, JAMES G - E000092370

Result type: Discharge Summary
Result date: May 25, 2004 09:15
Result status: Unauth
Result title: DS4
Performed by: White, Lori on May 25, 2004 09:15
Encounter info: BAPTIST EAST, Inpatient, 01/27/04 - 01/29/04

OK summary
4/28/04
1504

DS4

PATIENT VERIFICATION DATA:
HUFFMAN, JAMES H- 0402700752

Transferred to Baptist South care of Dr. Finklea for cardiac catheterization.

CONSULTANTS: Dr. Finklea, Montgomery Cardiovascular Associates.

HOSPITAL COURSE: The patient was admitted with chest pain. He had known cardiac disease with stent placement in the past. He was ruled out for MI. Dr. Finklea was consulted and felt that his chest pain was very suspicious for unstable angina. The patient and Dr. Finklea discussed further care and it was felt that the best course of action was a left heart catheterization. He remained stable during his hospital stay at Baptist East. On 1/29/04 he was transferred to Baptist South under the care of Montgomery Cardiovascular Associates for cardiac catheterization.

LORI WHITE M.D.

LW/ / jcw
D: 05/25/2004
T: 05/26/2004

Completed Action List:

- * Perform by White, Lori on May 25, 2004 09:15
- * Transcribe by Contributor_system, LANIER on May 26, 2004 22:04

History & Physical

HUFFMAN, JAMES G - E000092370

Result type: History & Physical
 Result date: January 28, 2004 07:45
 Result status: Unauth
 Result title: HP4
 Performed by: White, Lori on January 28, 2004 07:45
 Encounter info: BAPTIST EAST, Inpatient, 01/27/04 - 01/29/04

HP 1/04

HP4

PATIENT VERIFICATION DATA:
 HUFFMAN, JAMES G- 0402700752

CHIEF COMPLAINT: Chest pain.

HISTORY OF PRESENT ILLNESS: The patient is a 50 year old gentleman with CAD, status post stent placement by Dr. Escobar who presented to the Emergency Room with complaints of chest pain. His chest pain started at approximately 4:15, this became very severe and radiated up into his neck and left arm. It felt like an elephant sitting on his chest. He used Nitroglycerin spray and it improved only a little. He was then on his way home in order to rest but his pain became much worse. He became nauseated, vomited, had sweats and shortness of breath. He then presented to the Emergency Room. He was given Nitroglycerin in the Emergency Room and his pain abated.

The patient notes that over the past three weeks he has had great increase in his stress due to loss of his father. He has been having to use his Nitroglycerin 1-2 times per week due to chest pain.

PAST MEDICAL HISTORY: CAD, status post angioplasty and LAD stent placement 100% RCA occlusion with collateral. Repeat cath in 1/03 showed the stent to be open. Hyperlipidemia, peptic ulcer disease, sinus congestion and cough. Anxiety attacks, chronic back pain secondary to herniated disc, peripheral vascular disease.

PAST SURGICAL HISTORY: Back surgery.

MEDICATIONS:

Plavix 75 mg q day
 Lipitor 20 mg q day.
 Nitrospray prn.
 Nexium 40 mg q day
 Percocet 10/650 b.i.d.
 Xanax 2 mg b.i.d.
 Multi-Vitamin
 Aspirin 81 mg per day

ALLERGIES: TETRACYCLINE, CODEINE.

FAMILY HISTORY: Unknown, the patient is adopted.

SOCIAL HISTORY: Started smoking again 6 months ago. Tobacco for last 30 years, denies alcohol use.

REVIEW OF SYSTEMS:

GENERAL: The patient has been very stressed over the past several months due to

Printed by: Nichols, Robert Kenneth, MD
 Printed on: 10/06/06 12:49

Page 1 of 3
 (Continued)

History & Physical

HUFFMAN, JAMES G - E000092370

prolonged illness of his father and then his death.

HEENT: Unremarkable.

LUNGS: Unremarkable.

CARDIOVASCULAR: See HPI.

GI: Has history of peptic ulcer, no current problems.

GU: Admits to problems with intermittent impotence.

EXTREMITIES: Complains of pain in his calves with walking, this stops when he rests. He has had peripheral vascular disease evaluation in the past with Dr. Richardson.

PHYSICAL EXAMINATION:

Thin anxious white male in no distress.

VITAL SIGNS: Temperature 97.6, pulse 52, respirations 20, Blood pressure 110/68.

HEENT: PERRLA, EOMI, Tympanic membranes are clear bilaterally. Mouth clear, throat clear.

NECK: Supple.

LUNGS: Clear to auscultation.

CARDIOVASCULAR: PMI within normal limits, S1-S2 normal. No MRG. Carotids 2+ and equal, no bruit.

ABDOMEN: Soft, non-tender, no hepatosplenomegaly, no mass, no bruit.

EXTREMITIES: No edema, pulses are diminished at + bilaterally.

NEUROLOGIC: Nonfocal.

LABS: Significant for mild anemia with H&H 12.4, 36.3, with normal indices.

Chemistries normal except for a CO2 of 33, and total protein mildly low at 6.3. CK 51 and 35 with negative Troponin. EKG normal sinus rhythm, no acute changes. Chest x-ray is negative.

IMPRESSION:

1. Chest pain, probably cardiac in origin. The patient is admitted to rule out MI and he is placed on this protocol. He will receive Nitroglycerin, aspirin, oxygen, and a cardiac consult will be done.
2. Peripheral vascular disease, we discussed the cessation of tobacco and the use of walking. He will be discussing this with his new Primary Care Physician, Dr. Fuentes with who he has an appointment next week.
3. Tobacco use, encouraged to discontinue.
4. Hyperlipidemia on treatment.
5. Chronic back pain, on treatment, he does desire pain management to be in his regimen.

I am sure Dr. Fuentes will be referring him for such.

LORI WHITE, M.D.



B0402900232 HUFFMAN, JAMES G
 DOB: 10/29/53 Age: 50Y MR #: 319167
 Admit Date/Time: 01/29/04 1030A
 509 FLEMING, H FORREST



MONTGOMERY
 CARDIOVASCULAR
 ASSOCIATES, P.C.
 (334) 280-1500

Hospital
 Jan. '04

DISCHARGE INSTRUCTIONS

Patient's Name: James Huffman Referring M.D.: Fuentes
 Patient's Phone #: _____ Hospital: BMC-So
 MCA Acct. #: 89226 Discharge Date: 1/30/04
 MCA M.D.: Dr. Fleming / Dr. Finklea
 Follow Up Appointment with Dr. Finklea in 8 weeks
 Diagnosis/Reason for Admission: Angina ★ Appt. to be mailed
CAD slp PTCA/stent LAD 7102
Hyperlipidemia Tobacco Abuse PVD slp @ dem-pop
 Procedures and Treatment: (List significant findings on procedures performed.)
1/29/04 LCORLV
PTCA / Stent to LCK
Cypher

New Allergies: _____

Discharge Medicines: _____

- * ① Plavix 75mg - daily for 3 months
- ② Lipitor 20mg - daily
- ③ Zantac 150mg - daily
- ④ Xanax & Percocet as directed
- * ⑤ Nitrostat 0.4 mg - one under tongue every 5 minutes as needed for chest discomfort.
- ⑥ Aspirin 81mg - daily
- ⑦ Xanax 2mg - one twice a day.

Diet: Low Fat

Physical Activity: _____

Discharge Instructions: _____

Return to work: _____

May Drive: 1/31

PLEASE BRING THIS SHEET & THE MEDICINES WITH YOU ON YOUR RETURN VISIT TO OUR OFFICE.

PRINTED BY: WHITE 1/30/04

YELLOW: 1/30/04 19/5/2004 INK: MCA

MCA-CL37 Rev. 9/03

BAPTIST MEDICAL CENTER EAST
400 Taylor Road
P.O. Box 17720
Montgomery, Alabama 36193-4201

Consult
704

0402900232

PATIENT: HUFFMAN, JAMES G

MR #: 000092370

DATE OF CONSULT: 01/28/2004

CONSULTING PHYSICIAN: JOHN L. FINKLEA, M.D.~

ATTENDING PHYSICIAN: LARRY C RIGSBY, MD

ROOM #: 205

PATIENT #: 0402700752

ADMIT DATE: 1/27/04

CONSULT

CONSULT AND FOLLOW PATIENT WITH ME

CONSULT AND ASSUME

PATIENT VERIFICATION DATA:

HUFFMAN, JAMES G- 0402700752

DATE OF CONSULTATION: 1/28/04

We appreciate the opportunity of seeing Mr. Huffman in consultation for chest pains. He has been seen by Montgomery Cardiovascular Associates in the past with a history of coronary artery disease, and stenting of his LAD in July of 2002, at that time there was a total occlusion of his right coronary with adequate collateral circulation, left ventricular performance was good and there was no high grade stenosis of the circumflex system. He then underwent repeat catheterization in January 2003 for recurrent chest discomfort and according to his report, the stent was open. Since then he has had chest tightness off and on particularly when he was >> <<, he would go long spells without discomfort. He has rather recently lost his father and has been in both financial difficulties as well as having difficulty straightening out his father's affairs. He was under considerable stress yesterday and in fact mad at the time and developed chest tightness, discomfort and some pain. Took Nitroglycerine, it got better. Got in the car and was going home and became diaphoretic, nauseated and came on to the emergency room. Here he has had tightness a good bit of the time, very mild much of the time, but it did seem to increase some when he got up and walked down the hall today. He has actually been outside once to smoke. His cardiac enzymes have been negative and his EKG has been normal. There is a minimal anemia. Mild sinus bradycardia.

He denies orthopnea or paroxysmal nocturnal dyspnea. Denies symptoms of dysrhythmia, currently. Back in January he did have syncope after getting up quickly. His exercise capacity has been reasonably good at about a little over .25 mile and stopped by claudication of his right leg. He has had vascular problems there in the past and nothing done. He denies orthopnea and paroxysmal nocturnal dyspnea. He does have known COPD, bronchitis and tobacco abuse. He stopped smoking with Zyban and nicotine patches and hopes to try again.

PAST SURGICAL HISTORY

1. Lumbar laminectomy
2. Previous stenting of LAD and recath.

PAST MEDICAL HISTORY:

1. Hyperlipidemia
2. Peptic ulcer disease.
3. Lumbar disc disease
4. Peripheral vascular disease
5. History of asthma, bronchitis and perhaps COPD.
6. Chronic anxiety

DRUG ALLERGIES: CODEINE, TETRACYCLINE

FAMILY HISTORY: Unknown (adopted).

SOCIAL HISTORY: Smoker, unmarried, does have a girlfriend. No alcohol consumption. No routine exercise.

REPORT OF CONSULTATION

Page 1 of 2

PRINTED BY: b17606

DATE 10/5/2006

PATIENT: HUFFMAN, JAMES G

PATIENT #: 000092370

0402900232

REVIEW OF SYSTEMS

HEENT: NO sinus difficulties, hear, visual difficulties.

CARDIOVASCULAR/RESPIRATORY: See present illness. No pneumonia.

GI: NO hematemesis or melena. No significant diarrhea or constipation. Does have dyspepsia for which he takes Prevacid 40 and has had some reflux problems.

GU: No dysuria, pyuria, hematuria, stones.

ENDOCRINE: No diabetes mellitus, or thyroid difficulties.

PHYSICAL EXAMINATION: His blood pressure _____.

NECK: His carotids have rapid upstroke without bruits. Central venous pressure is normal.

LUNGS: Clear. No significant murmur, rub or gallop. PMI is normal.

ABDOMEN: Normal, without organomegaly, tenderness, masses, abnormal pulsations, bruit. Femoral pulses are 2+.

EXTREMITIES: Popliteals 2+. 1+ foot pulses. No ankle edema.

EKG is normal. Chest x-ray I will review. EKG normal, mild sinus bradycardia.

PROBLEMS:

1. Coronary artery disease
 - 1.1. Status post stenting of LAD in January 2003 with known chronically occluded right coronary with good collateral, good left ventricle., stenting in July 2002.
 - 1.2. Recath January 2003 with patent stent.
 - 1.3. Recurrent chest discomfort, very worrisome for coronary artery disease.
2. Hyperlipidemia.
3. Continued tobacco abuse.
4. History of asthma and possible COPD.
5. History of dyspepsia and reflux.
6. Syncope in 12/03
7. History of lumbar laminectomy
8. Peripheral vascular disease with claudication right leg.

ASSESSMENT

1. Current symptoms worrisome for unstable angina.

PLAN:

Cardiac catheterization, possible angioplasty. Discussed risks, procedure and rationale with him. He agrees and desires to proceed. He will be transferred over to Baptist Medical Center South.

Authenticated by
H FORREST FLEMMING, MD
On 3/04/04 4:02:49 PM

JLF / pap
D: 01/28/2004
T: 01/29/2004

JOHN L. FINKLEA, M.D.

H
REPORT OF CONSULTATION

Page 2 of 2

PRINTED BY: b17606

DATE 10/5/2006

CARDIAC
BAPTIST HEALTH
0509
HUFFMAN, JAMES H
B0402900232
B000319167

NAME OF PROCEDURE: 1. LEFT HEART CATHETERIZATION
2. LEFT VENTRICULOGRAPHY
3. RIGHT AND LEFT CORONARY ARTERIOGRAPHY
4. PTCA AND STENT TO CIRCUMFLEX CORONARY ARTERY

PREOPERATIVE DIAGNOSIS: UNSTABLE ANGINA

POSTOPERATIVE DIAGNOSIS: SUCCESSFUL PTCA AND STENT

I. PROCEDURE: This patient was brought to the Cardiac Catheterization Laboratory, prepped and draped in the usual fashion. 1% Lidocaine was infiltrated into the right groin area. Then, using the Seldinger technique, a 6 French sheath was placed in the right femoral artery and flushed with heparinized saline. A 5 French pigtail catheter was inserted over a guide wire, flushed in the descending aorta, and used to measure pressures in the aorta and left ventricle. This was then used to perform left ventriculography in the biplane projections. This catheter was removed over a guide wire and replaced with Judkins left and right 4 catheters, which were used to perform selective angiography in multiple levels of obliquity. A new 90% stenosis in the large first obtuse marginal branch was noted with no significant restenosis in the stented LAD and continued total occlusion of the right with good collateralization. Plans were made for PTCA of the circumflex coronary artery. A 6 French left 4 catheter was inserted over a guide wire and placed in the ostium of the left coronary artery. A 0.014 Choice wire was manipulated down the circumflex coronary artery and out the obtuse marginal branch, and a 3.5 x 8 mm Cypher stent was positioned and deployed at 13 atmospheres, yielding a final luminal diameter of 3.62 mm. The angiographic result looked excellent. After taking post PTCA views, the procedure was terminated. The sheath was sutured in place. Other apparatus was removed.

Prior to the beginning of the procedure, the patient was given weight-adjusted Heparin, and an ACT measured at greater than 200 seconds. Integrilin bolus was given and infusion begun.

II. HEMODYNAMIC DATA:

- A. Aortic pressure: 120/75.
- B. Left ventricular pressure: 120/8.

III. LEFT VENTRICULOGRAM: The left ventricle is normal in size with normal contractility in all segments. There is no mitral insufficiency and the aortic structures appeared normal.

IV. CORONARY ARTERIOGRAMS:

- A. The left main coronary artery is normal and free of disease. It bifurcates into the LAD and circumflex coronary artery.
- B. The left anterior descending coronary artery is large with mild irregularity in the proximal aspect with stenosis up to around 25%. The first diagonal branch is size B to A-B and has mild proximal disease. It is clean distally.

(CONTINUED)

PRINTED BY: b17606

DATE 10/5/2006

C. The left circumflex coronary artery is large but not dominant. The remaining portion of the circumflex coronary artery is normal. The first obtuse marginal branch is size A. There is a discreet 90% stenosis in its mid portion and is clean distally. The continuation of the circumflex has minimal disease.
D. The right coronary artery is totally occluded after a long area of severe disease in the mid portion. The distal vessel is well collateralized by the left system

V. POST PTCA AND STENT: Residual stenosis in the circumflex coronary artery is 0%. There is no dissection. There is TIMI grade III flow distally.

CONCLUSIONS:

1. NORMAL LEFT VENTRICULAR SIZE AND WALL MOTION.
2. THREE VESSEL CORONARY ARTERY DISEASE AS DESCRIBED ABOVE, INCLUDING NEW LESION IN THE CIRCUMFLEX.
3. NO RESTENOSIS OF LEFT ANTERIOR DESCENDING CORONARY ARTERY.
4. SUCCESSFUL PTCA AND STENT OF CIRCUMFLEX CORONARY ARTERY.

FORREST FLEMMING, M.D.

D: 01/29/2004

T: 02/11/2004

kb

Authenticated by H FORREST FLEMMING, MD On 2/17/04 1:48:51 PM

BAPTIST MEDICAL CENTER
2105 East South Boulevard
Montgomery, Alabama 36111
Telephone 334/288-2100

PATIENT: HUFFMAN, JAMES H

MR #: 000319167

SURGERY DATE: 01/29/2004

SURGEON: FORREST FLEMMING, M.D.

ATTENDING PHYSICIAN: H FORREST FLEMMING, MD

ROOM #: 319

PATIENT #: 0402900232

ADM DT #: 01/29/2004

NAME OF PROCEDURE:

1. LEFT HEART CATHETERIZATION
2. LEFT VENTRICULOGRAPHY
3. RIGHT AND LEFT CORONARY ARTERIOGRAPHY
4. PTCA AND STENT TO CIRCUMFLEX CORONARY ARTERY

PREOPERATIVE DIAGNOSIS:

UNSTABLE ANGINA

POSTOPERATIVE DIAGNOSIS:

SUCCESSFUL PTCA AND STENT

- I. **PROCEDURE:** This patient was brought to the Cardiac Catheterization Laboratory, prepped and draped in the usual fashion. 1% Lidocaine was infiltrated into the right groin area. Then, using the Seldinger technique, a 6 French sheath was placed in the right femoral artery and flushed with heparinized saline. A 5 French pigtail catheter was inserted over a guide wire, flushed in the descending aorta, and used to measure pressures in the aorta and left ventricle. This was then used to perform left ventriculography in the biplane projections. This catheter was removed over a guide wire and replaced with Judkins left and right 4 catheters, which were used to perform selective angiography in multiple levels of obliquity. A new 90% stenosis in the large first obtuse marginal branch was noted with no significant restenosis in the stented LAD and continued total occlusion of the right with good collateralization. Plans were made for PTCA of the circumflex coronary artery. A 6 French left 4 catheter was inserted over a guide wire and placed in the ostium of the left coronary artery. A 0.014 Choice wire was manipulated down the circumflex coronary artery and out the obtuse marginal branch, and a 3.5 x 8 mm Cypher stent was positioned and deployed at 13 atmospheres, yielding a final luminal diameter of 3.62 mm. The angiographic result looked excellent. After taking post PTCA views, the procedure was terminated. The sheath was sutured in place. Other apparatus was removed.

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- A. Aortic pressure: 120/75.
- B. Left ventricular pressure: 120/8.

III. **LEFT VENTRICULOGRAM:** The left ventricle is normal in size with normal contractility in all segments. There is no mitral insufficiency and the aortic structures appeared normal.

IV. **CORONARY ARTERIOGRAMS:**

- A. The left main coronary artery is normal and free of disease. It bifurcates into the LAD and circumflex coronary artery.
- B. The left anterior descending coronary artery is large with mild irregularity in the proximal aspect with stenosis up to around 25%. The first diagonal branch is size B to A-B and has mild proximal disease. It is clean distally.
- C. The left circumflex coronary artery is large but not dominant. The remaining portion of the circumflex coronary artery is normal. The first obtuse marginal branch is size A. There is a discreet 90% stenosis in its mid portion and is clean distally. The continuation of the circumflex has minimal disease.
- D. The right coronary artery is totally occluded after a long area of severe disease in the mid portion. The distal vessel is well collateralized by the left system

CATHETERIZATION REPORT

PRINTED BY: b17606

Page 1 of 2 DATE 10/5/2006

PATIENT: HUFFMAN, JAMES H

PATIENT #: 0402900232

V. POST PTCA AND STENT: Residual stenosis in the circumflex coronary artery is 0%. There is no dissection. There is TIMI grade III flow distally.

CONCLUSIONS:

1. NORMAL LEFT VENTRICULAR SIZE AND WALL MOTION.
2. THREE VESSEL CORONARY ARTERY DISEASE AS DESCRIBED ABOVE, INCLUDING NEW LESION IN THE CIRCUMFLEX.
3. NO RESTENOSIS OF LEFT ANTERIOR DESCENDING CORONARY ARTERY.
4. SUCCESSFUL PTCA AND STENT OF CIRCUMFLEX CORONARY ARTERY.

FORREST FLEMMING, M.D.

FF// kb

D: 01/29/2004

T: 01/29/2004

cc: SHANE CUNNINGHAM, D.O.-

CATHETERIZATION REPORT

PRINTED BY: b17606 **Page 2** of 2 DATE 10/5/2006

Page 3 of 2

10/5/2006

Baptist Medical Center South
2105 E. South Blvd. Montgomery, AL 36116

Fri Jan 30, 2004 09:46 pm

Discharge Cumulative Trend Report from 01/29/04 1115 to 01/30/04 0415

Patient Name: HUFFMAN, JAMES G
Med Rec #: 000319167
Dis Date: 01/30/04
Phys-Service: FLEMMING, H FORREST - MEDICINE
Acct #: B0402900232

All Sections-Page 1
Adm: 01/29/04

HEMATOLOGY

Last Tech: B6064

Date:	01/30	01/29					
Time:	0415	1115					
New Work:	*	*					Normal Range
WBC	6.8	6.3					
RBC	3.79 L	4.03 L					4.0-10.0 (thou/cm
Hgb	12.1 L	12.9 L					4.2-5.9 (mill/cu
Hct	35.9 L	37.9 L					13.0-17.5 (gm/dl)
MCV	95	94					39-51 (%)
MCH	32	32					80-100 (fl)
MCHC	34	34					26-34 (pg)
Plt ct	195	191					31-35 (%)
RDW	13.6	13.5					150-440 (thou/cm
DIFF							11.5-14.5 (%)
Neutrophils	63	63					
Lymphs	25	25					45-75 (%)
Monos	7	7					20-53 (%)
Eos	4	5					2-12 (%)
Basos	1	0					0-8 (%)
							0-2 (%)

COAGULATION

Last Tech: B2225

Date:	01/29						
Time:	1115						
New Work:	*						Normal Range
Pro Time	11.7						
PTT	32						10.5-13.5 (sec)
INR	.96						21-34 (sec)

HUFFMAN, JAMES G
000319167
I/P 01/30/04
(M-10/29/53)
Dr. FLEMMING, H FORREST

** DO NOT DISCARD **
Discharge Cumulative Trend Report

PRINTED BY: b17606

DATE 10/5/2006

Baptist Medical Center South
2105 E. South Blvd. Montgomery, AL 36116

Fri Jan 30, 2004 09:46 pm

Discharge Cumulative Trend Report from 01/29/04 1115 to 01/30/04 0415

Patient Name: HUFFMAN, JAMES G Chemistry Profile-Page 3
Med Rec #: 000319167 Adm: 01/29/04
Dis Date: 01/30/04
Phys-Service: FLEMMING, H FORREST - MEDICINE
Acct #: B0402900232

CHEMISTRY PROFILE

Last Tech: B1573

Date:	01/30	01/29						
Time:	0415	1115						Normal Range
New Work:	*	*						
Calcium	8.8	9.3					8.5-10.5	(mg/dl)
Glucose	83	99					60-120	(mg/dl)
BUN	8	9					7-20	(mg/dl)
Creatinine	0.7	0.9					0.6-1.4	(mg/dl)
Sodium	136	140					135-145	(mmol/L)
Potassium	5.2 H	4.6					3.5-5.0	(mmol/L)
Chloride	101	102					97-112	(mmol/L)
CO2	24	33 H					22-32	(mEq/L)

End of Report

** DO NOT DISCARD **

Discharge Cumulative Trend Report

HUFFMAN, JAMES G

000319167

I/P 01/30/04

(M-10/29/53)

Dr. FLEMMING, H FORREST

PRINTED BY: b17606

DATE 10/5/2006



0402900232 HUFFMAN,JAMES G



Baptist H
I/P AND O/P
ADMISSIONS AND FACESHEET

G PC 11 INIT MP

PATIENT	DATE	TIME	SEX	AGE	DOB	SSN	PHN	COUNTY	EMPLOYER	EMP PHS	OCC EMP STAT EMP I.D.
0402900232	01/29/04	1030A	M	50Y	10/29/53	50Y	1 0	I/P	CAR	CAR 327/0	319167
NAME & ADDRESS HUFFMAN,JAMES G 1108 THORNHILL AVE SELMA AL 36701		DOB AGE SSN PHN REL		418-78-9424 (334)872-7713 DALLAS		EMPLOYER		EMP PHS OCC EMP STAT EMP I.D.		NOT EMPLOYED	
NAME & ADDRESS HUFFMAN,JAMES G 1108 THORNHILL AVE SELMA AL 36701		DOB AGE SSN PHN REL		10/29/53 50Y 418-78-9424 (334)872-7713 SELF		EMPLOYER		EMP PHS OCC EMP STAT EMP I.D.		NOT EMPLOYED	
NAME & ADDRESS SHERRILL,DEBBIE J 1108 THORNHILL AVE SELMA AL 36701		DOB AGE SSN PHN REL		(334)872-7713 FRIEND		EMPLOYER		EMP PHS OCC EMP STAT EMP I.D.		NOT EMPLOYED	
NAME & ADDRESS HUFFMAN,JAMES H SELMA AL 36701		DOB AGE SSN PHN REL		(334)872-7713		EMPLOYER		EMP PHS OCC EMP STAT EMP I.D.			
INSURANCE CARRIER BLUE CROSS OF ALABAMA		INSURED NAME HUFFMAN,JAMES G		REL TO INSURED							
SUBSCRIBER ID# DIR418789424		GROUP NAME SPECIAL OPEN ENROLLMENT P		GROUP NUMBER 91000		CONTACT		CITY/STATE/ZIP BIRMINGHAM		AL 35298	
GROUP PHONE# (800)760-6852		APPROVAL#									
CONTACT ADDRESS 450 RIVERCHASE PKWY											
INSURANCE CARRIER 832004 BLUE CROSS PRO FEE		INSURED NAME HUFFMAN,JAMES G		REL TO INSURED							
SUBSCRIBER ID# DIR418789424		GROUP NAME SPECIAL OPEN ENROLLMENT P		GROUP NUMBER 91000		CONTACT		CITY/STATE/ZIP BIRMINGHAM		AL 35298	
GROUP PHONE# (800)760-6852		APPROVAL#									
CONTACT ADDRESS 450 RIVERCHASE PKWY											
INSURANCE CARRIER 380000 OTHER PPO		INSURED NAME FFMAN,JAMES G		REL TO INSURED							
SUBSCRIBER ID# 418789424		GROUP NAME		GROUP NUMBER		CONTACT		CITY/STATE/ZIP			
GROUP PHONE#		APPROVAL#									
CONTACT ADDRESS											
DIAG CODE DIAGNOSIS		ALLERGIES		P		PT. CL					
786.50-CHEST PAIN NOS		CODEINE,TETRACYCLINE+									
ACCIDENT TYPE		NATURE OF ACCIDENT		ACCIDENT DATE		TIME					
ARRIVAL MODE		REFERRING FACILITY		CHURCH/DENOMINATION		CHR					
OTHER AMBULANCE											
ADMITTING PHYSICIAN		PRIMARY CARE PHYSICIAN		UNNINGHAM,SHANE							
509 FLEMMING,H FORREST		REFERRING PHYSICIAN									
ATTENDING PHYSICIAN		509 FLEMMING,H FORREST									
LOCATION		E/R PHYSICIAN									
ADMISSION TYPE		URGENT									



FS 100

PRINTED BY: b17606

DATE 10/5/2006

Last Printed: 01/29/2004 10:59:18

08/11/03

A01

2119 East South Boulevard
Montgomery, AL 36104
P.O. Box 250110
Montgomery, AL 36125-0110
(334) 280-1500

C. McGavock, MD, FACP, FACC
John L. Fink, MD, FACC
Robert P. Roberson, MD, FACC
Forrest Flemming, MD, FACC

David N. George, MD, FACP
Michael B. Moore, MD, FACP, FACC
Wynne Crawford, MD, FACP, FACC
R. Eric Crum, MD, FACC

Michael F. S. MD, FACC
Eliya G. Ab, MD, FACC
Beverly A. Stoddemire, MD, FACP, FACC

MEDICAL RECORD REQUEST:

- ☐ HP/Consult
☐ DC Summary
☐ CATH/PTCA
☐ OP Note
☐ Stress
☐ Echo
☐



MONTGOMERY
CARDIOVASCULAR
ASSOCIATES, P.C.

Hospital 2/04

DISCHARGE INSTRUCTIONS

Patient's Name: James Huffman

Referring M.D.: ER / Fuentes

Patient's Phone #: _____

Hospital: BMC-50

MCA Acct. #: 89229

Discharge Date: 2/20/04

MCA M.D.: _____

Follow Up Appointment With Primary Physician At _____

Diagnosis: Chest Pain
CAO
Hyperlipidemia
Drug Abuse

Hospital Course/Procedures: PVD

EKG + Enzymes Negative

New Allergies:

Discharge Medicines:

- ① Plavix 75mg - daily until end of April
- ② Lipitor 20mg - daily
- ③ Aspirin 81mg - daily
- ④ Nitrostat 0.4 mg - one under tongue every 5 minutes as needed for chest pain.
- ⑤ Lexapro 10mg - daily
- ⑥ Xanax and Percocet as directed
- ⑦ Nexium 40mg - daily

Diet: Low Fat

Special Instructions:

Return to work: _____

May Drive: 2/20/04

Authenticated by
JOSE L. ESCOBAR, MD
On 2/26/04 11:41:20 AM

PLEASE BRING THIS SHEET & THE MEDICINES WITH YOU ON YOUR RETURN VISIT TO OUR OFFICE!

WHITE COPY: Patient

YELLOW COPY: MCA

PINK COPY: Referring M.D.

COLD COPY: Hospital (Please put in front of progress notes)

PRINTED BY: b17806

DATE 10/31/2006

JAC22

HISTORICAL
BAPTIST HEALTH
2255
HUFFMAN, JAMES H
B0405000003
B000319167

PROBLEM LIST:

1. CHEST PAIN - NEGATIVE CARDIAC ENZYMES AND EKG - DURING POLICE ARREST
2. CORONARY ARTERY DISEASE, STATUS POST PTCA AND STENT OF LAD IN 2002, PTCA AND STENT OF CIRCUMFLEX CORONARY ARTERY IN 1/4 BY DR. FLEMING, CHRONIC TOTAL OCCLUSION OF RCA WITH NORMAL LEFT VENTRICULAR FUNCTION.
3. DYSLIPIDEMIA.
4. SMOKER, CHRONIC OBSTRUCTIVE PULMONARY DISEASE.
5. PERIPHERAL VASCULAR DISEASE.
6. NONCOMPLIANCE WITH MEDICAL MANAGEMENT.

HISTORY: This is a 50 year old white male who, last night at approximately 8 p.m., while being arrested by the police due to what he states was an attempt to pay for his food at the deli shop with a check, was apparently arrested and, after that, developed some sternal chest discomfort with radiation to the left arm, and brought to the Emergency Room for further treatment. Negative cardiac enzymes and echocardiogram on admission to the Emergency Room, and pain relieved by Nitroglycerin. Presently pain-free.

PAST MEDICAL HISTORY:

1. Coronary artery disease, status post remote PTCA and stent of LAD and PTCA and stent of circumflex coronary artery in 1/2004 with chronic totally occluded RCA and preserved left ventricular function.
2. Dyslipidemia.
3. Peptic ulcer disease.
4. Lumbar disk disease.
5. Peripheral vascular disease.
6. Chronic obstructive pulmonary disease - asthma.
7. History of chronic anxiety.

PAST SURGICAL HISTORY: Laminectomy, PTCA and stenting.

ALLERGIES: CODEINE, TETRACYCLINE.

FAMILY HISTORY: Unknown.

SOCIAL HISTORY: Smoking, denies alcohol abuse, denies illicit drug abuse, although did not answer that frankly.

REVIEW OF SYSTEMS: Negative, otherwise.

PHYSICAL EXAMINATION: Blood pressure 105/57, heart rate 53 per minute, respiratory rate 18, temperature 97, saturation 100.

HEAD: Normocephalic, atraumatic.

NECK: No JVD or bruit.

CHEST: Clear to auscultation.

(CONTINUED)

PRINTED BY: b17606

DATE 10/5/2006

HEART: Regular rate and rhythm, S1, S2 without murmurs, rubs, gallops.

ABDOMEN: Benign.

EXTREMITIES: No clubbing, cyanosis, edema. Symmetrically +2 palpable pulses.

EKG: Sinus bradycardia; otherwise, negative.

CARDIAC ENZYMES: Troponin less than 0.04.

LABORATORY DATA: Pending.

PLAN: Admission to the floor, resume home medications as well as low molecular weight heparin, cardiac enzymes and cardiac catheterization by Dr. Flemming during the daytime. Will obtain drug screen, since the patient had slurred speech and was reluctant in answering if has been exposed to any illicit drugs. He consented for drug screen.

JOSE ESCOBAR, M.D.

JE/ / kb

D: 02/19/2004

T: 02/19/2004

D: 02/19/2004

T: 02/19/2004

kb

Authenticated by JOSE L. ESCOBAR, MD On 2/26/04 11:41:11 AM

BAPTIST MEDICAL CENTER
MONTGOMERY, ALABAMA 36111
RADIOLOGY REPORT

Patient Name: HUFFMAN, JAMES G
MR #: B000319167
Account #: 0405000003
Attending Physician: ESCOBAR, JOSE L

Date Performed: 02/19/04 0109
Patient's Room: CV-211-2
Patient Type: I/P

Exam
1010 DR-CHEST PA OR AP ONE VIEW
Ord Diag: ;CHEST PAIN

Check-in No.
1692442

HUFFMAN, JAMES

CHEST ONE VIEW:

Comparison 2/10/04. History of chest pain. No interval change.

Both lungs appear to be well expanded without an identifiable abnormality. Heart and cardiomediastinal structures are unremarkable. I do not identify an abnormality of the bony thorax. The pleural space and diaphragmatic shadows are unremarkable. Air spaces appear normal.

IMPRESSION:

1. NO ABNORMALITY IDENTIFIED.

/READ BY/ THOMAS S MOORE, M.D.

/Electronically Signed By/ THOMAS S MOORE, M.D.

BS

PRINTED BY: b17606

DATE 10/5/2006

HUFFMAN, JAMES
50 years
Male Caucasian

ID: 000000003
12-Feb-2004 0:37:49
Marked sinus bradycardia
Abnormal ECG

Vent. rate 47 bpm
PR interval 162 ms
QRS duration 84 ms
QT/QTc 470/415 ms
P-R-T axes 64 72 65

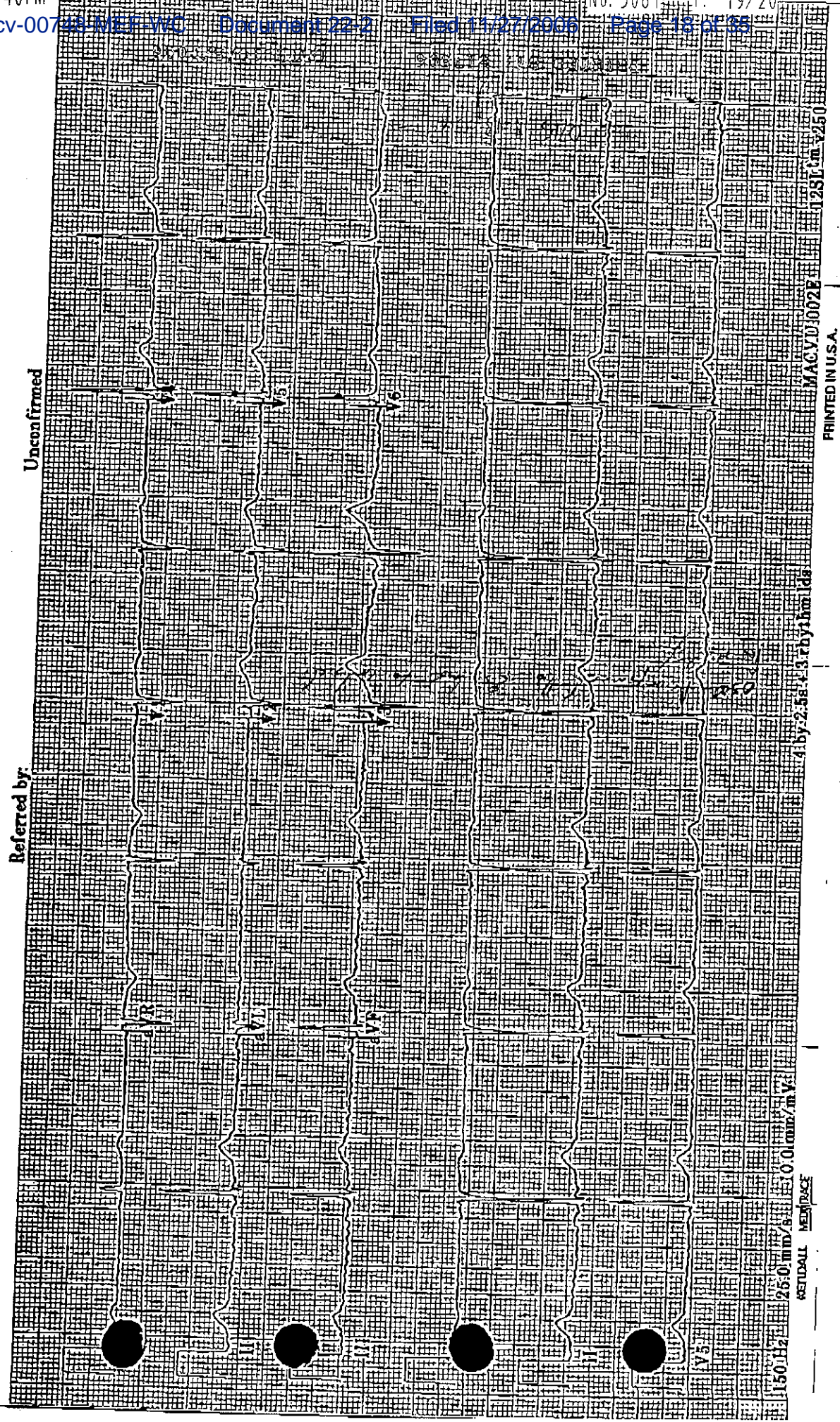
Technician:

BAPTIST MEDICAL CENTER SOUTH



80465000003
HUFFMAN, JAMES G
DOB: 10/29/53 Age: 50Y MR #319167
Admit Date/Time: 02/19/04 0100A
908 AUSTIN, JESSE W

POOR ORIGINAL
QUALITY



ACTUAL MEASURE

PRINTED IN U.S.A.

MACY D3002E

12ST cm V250

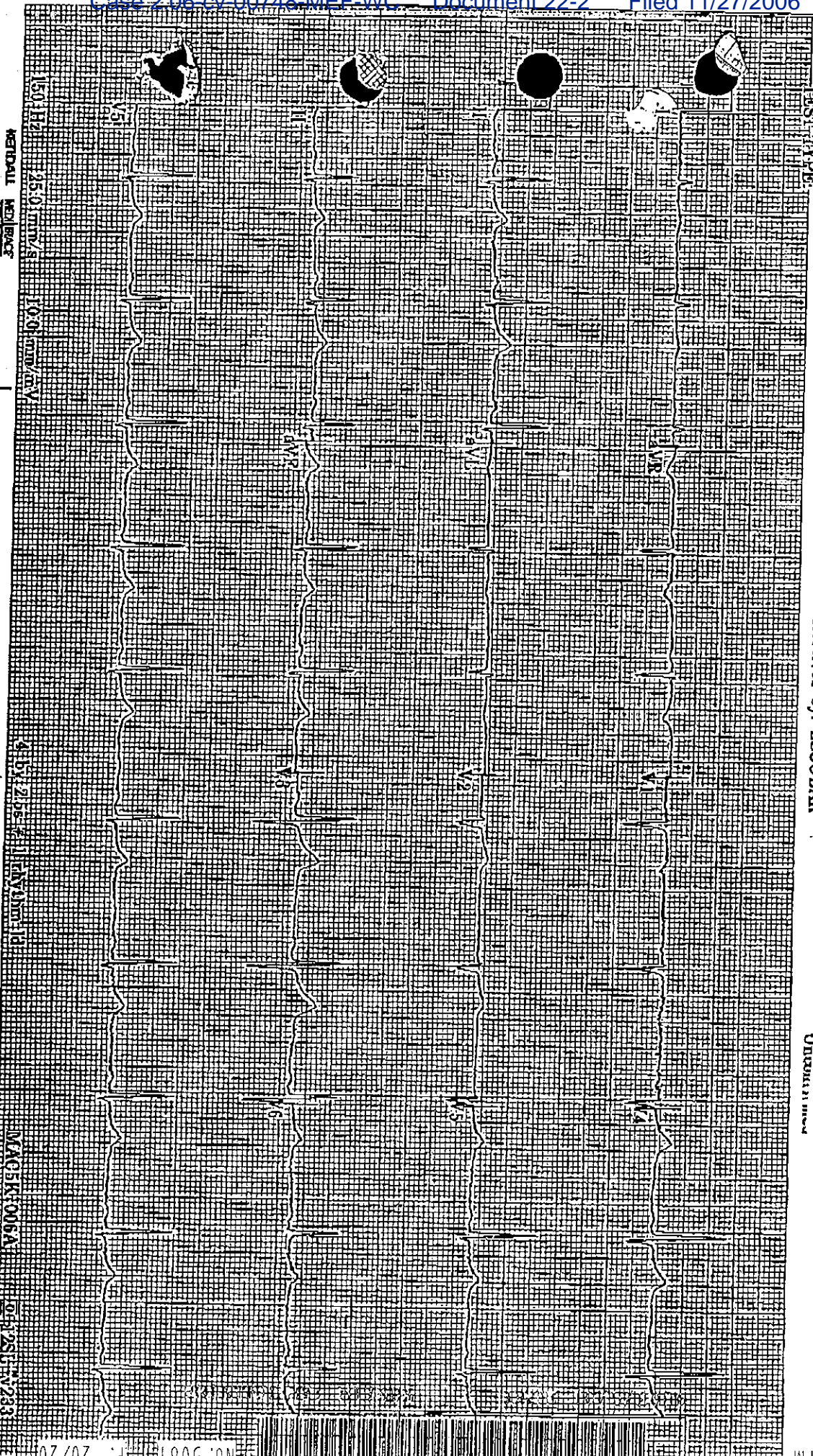
Room: 211B
Loc: 9

Veal rate	60 bpm
PR interval	174 ms
QRS duration	82 ms
QT/QTc	434/434 ms
P-R-T axes	76 76 72

**POOR ORIGINAL
QUALITY**

BO405000001 HUFFMAN,JAMES C
DOB: 10/29/53 Age:50Y MR #319167
Admnl Date/Time: 02/19/04 0247A
2255 ESCOBAR,JOSE L

УДК 62-50



PRINTED IN U.S.A.

IMAGE 5K-006A

4041571407

UCL. C. 7000 7:41 PM

EXHIBIT B

Hosp: talized. ~~Shelby~~ Shelby Medical 4/06SHELBY BAPTIST MEDICAL CENTER
ALABASTER, ALABAMA

DISCHARGE SUMMARY

NAME:	HUFFMAN, JAMES	MR #:	224062
DOB:	10/29/1953	ADMISSION#:	57129694
AGE/SEX:	52 /M	PT CLASS:	R ROOM: 244
		CLINIC CODE:	2E
ADMITTED:	04/23/2006 02:27	DISCHARGED:	04/27/2006
ATT MD:		FAMILY MD:	

DIAGNOSES ON DISCHARGE:

1. Peripheral vascular disease with claudication.
2. Noncardiac chest pain.
3. Ongoing tobacco abuse.

HISTORY OF PRESENT ILLNESS: Patient is a 52-year-old white male presents with complaint of chest pain. Gives a textbook description, "elephant sitting on chest," jaw pain, left arm pain with associated nausea, diaphoresis, dyspnea. Patient, however, does not remember exertional pain but reports stress related. Patient has been incarcerated for forgery, which he denies. History of a stent at Baptist Montgomery, he cannot remember if 2004 or 2005.

RISK FACTORS FOR HEART DISEASE: Positive tobacco abuse, positive family history, positive hypertension. Negative diabetes mellitus. Positive hyperlipidemia.

MEDS ON ADMISSION: Plavix, Zocor, Xanax, Percocet, and Monopril.

ALLERGIES: CODEINE.

REVIEW OF SYSTEMS: HEENT: No headache. CARDIOVASCULAR: See history of present illness. PULMONARY: No cough, dyspnea. GI: No nausea, vomiting, diarrhea, melena, hematochezia, hematemesis. GU: No dysuria, frequency, or urgency. NEUROLOGIC: No seizure or syncopal disorder. VASCULAR: Positive for claudication of the right leg.

PHYSICAL EXAMINATION:

GENERAL: Reveals a well-developed, well-nourished, white male in no acute distress. **HEENT:** Normocephalic/atraumatic. **Eyes:** Extraocular movements are intact. Pupils equal, round, and reactive to light. **Mouth:** Tongue protrudes in the midline. **NECK:** Supple without bruits, lymphadenopathy, or thyromegaly. **HEART:** Regular rate and rhythm without murmurs, gallops, or clicks. **LUNGS:** Clear without rales, rhonchi, or wheezes. **ABDOMEN:** Soft, nontender. Bowel sounds are positive. No hepatosplenomegaly. **NEUROLOGIC:** No focal motor or sensory deficits. **EXTREMITIES:** Decreased pulses on the right leg.

HOSPITAL COURSE: Patient was admitted. Cardiology was consulted. Records were obtained from

SHELEY BAPTIST MEDICAL CENTER
ALABASTER, ALABAMA

DISCHARGE SUMMARY

Montgomery. After review, cardiologist recommended repeat cath. Cath was performed. It showed no change from previous cath done at Montgomery. Recommended medical therapy only. Patient was discharged to home. Will follow up with cardiologist regarding his coronary artery disease.

N

MICHAEL J TURNER, MD

TR: MT/SR D: 07/06/2006 07:41:00 T: 07/06/2006 09:25:43 JOB: 7108897 /1353668

ER visit Prattville 5/6/06



F0615000782 HUFFMAN, JAMES G
 DOB: 10/29/53 Age: 52Y MR #: 191817
 Admit Date/Time: 05/30/06 1929P
 917 SULLIVAN, JOEL C



Baptist Nursing Chart

HEALTH Long Form

Page 1

Patient Name: _____ Arrival Time: _____
 Family Doctor: Finkler Triage Time: 1940

Date: _____ Source: ☒ Patient ☐ Other: _____ Birthdate: _____ Age: _____ ☐ Pediatric (>29 days - 12 years)

Sex: ☒ M ☐ F LMP: _____ Weight _____ kg (Actual) Height 5'11.6" Immunization status: _____ Last Tetanus: _____

Allergies: ☐ NKA ☐ Latex

Allergy Reaction: _____

CHIEF COMPLAINT/Reason for Visit:

- ☐ Return visit Same Day
☐ Return visit within 72 hours
☐ Workers Comp

Chest Pain - 6 PM

MODE / METHOD OF ACCESS

Arrival Mode:	Entered by:	Patient Admitted from:	Treatment Prior to Arrival:
<input checked="" type="radio"/> Automobile/Other	<input checked="" type="radio"/> Ambulatory	<input checked="" type="radio"/> Home	<input type="radio"/> None
<input type="radio"/> Ambulance / Air	<input type="radio"/> Wheelchair	<input type="radio"/> Physician Office	<input type="radio"/> O2 Therapy
<input type="radio"/> Law enforcement	<input type="radio"/> Stretcher	<input type="radio"/> Nursing Home	<input type="radio"/> Ice
<input type="radio"/> Auto Assist	<input type="radio"/> Carried	<input type="radio"/> Hospital	<input type="radio"/> Dressing(s)
	<input type="radio"/> Other	<input type="radio"/> Other	<input type="radio"/> Splint(s)
			<input type="radio"/> C-collar/Backboard
			<input type="radio"/> ACLS Protocol
			<input type="radio"/> IV
			<input type="radio"/> Medications
			<input type="radio"/> CPR
			<input type="radio"/> Glucose
			<input type="radio"/> Decon

VITAL SIGNS TAKEN: <input type="radio"/> SITTING <input type="radio"/> LYING <input type="radio"/> STANDING						Orthostatic Vital Signs			PAIN SCALE		
Time	Temp	Route	Pulse	Resp	B/P	Pulse Ox	Time	>+0			
1940	97.2	Oral	67	18	100/52	99%					
							Pulse				
							B/P				

Level of consciousness: ☒ A&O x3 ☐ disoriented to: person / place / time / situation
☐ dementia ☐ decreased LOC ☐ unconscious/comatose

Skin: ☒ Warm & Dry ☐ Hot ☐ Cool ☐ Cold ☐ Clammy ☐ Diaphoretic ☐ Pale

Safe in home: ☒ Yes ☐ No Intervention: _____

ADVANCE DIRECTIVES ☐ DNR ☐ LIVING WILL ☒ NONE ☐ Information Given

Past Medical History: ☐ Denies ☐ Unable to Assess

Exposure to: ☐ HIV ☐ Aids ☐ SARS ☐ STD Symptoms: _____

Vaccinations: ☐ Pneumonia ☐ Influenza ☐ Information Provided

Tobacco _____ Pack/day Alcohol _____ drinks/day Substance Abuse _____ ☐ Cessation Advised

Neuro: CVA TIA Migraines Seizures

GYN: Pregnant now Ectopic

EENT: Cataract Glaucoma HOH Blind

Ortho: Osteo Arthritis Back pain

Cardiac: MI CHF CABG HTN Pacer Dysrhythmia

Endo: Thyroid Diabetes

Pulmonary: Asthma Bronchitis COPD Pneumonia

Cancer: _____

GI: Ulcers GI Bleed Constipation Diverticulitis

Psychiatric: Depression Alzheimer

GU: UTI Kidney Stone Prostate Dialysis AV Shunt

Autism Parkinson's Bi-polar

Schizophrenia Prior Psych Admit

Hostile on admission

Numeric Scale 0=No Pain 10=Worst Pain Imaginable

☒ Pain Intensity Rate: 9 @ rest: _____

☐ Face Scale: (Faces Scale/Wong & Baker) / FLACC

Onset of pain: Today
 Location of pain: Chest
 Quality: _____

Trauma Assessment ☐ Yes ☐ No

- ☐ Assault ☐ MVC Speed _____
☐ Stab Impact: Rear / Front / T-Bone
☐ GSW ☐ Driver ☐ Passenger
☐ Fire ☐ Front ☐ Rear
☐ Fall ☐ Airbag ☐ Restrained
☐ Motorcycle ☐ Bicycle
 Helmet ☐ Yes ☐ No
☐ Other

CURRENT MEDICATION(S) Meds Disposition: ☐ Patient ☐ Family ☐ Other

<input type="radio"/> None	<input type="radio"/> See Medication List (attached)	Nurse 1
<input type="radio"/> Narcotics	Drug: <u>Plavix, Zolam, Xanax, Percocet</u>	Nurse 2

TRIAGE INTERVENTION(s): ☐ Ice/Elevation ☐ Dressing/Splint ☐ Glucose _____ ☐ EKG ☐ C-Collar ☐ Respiratory Precautions

Triage Category: ☒ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Triage disposition time _____ TO ☐ ER Bed ☐ FT Bed _____

☐ Waiting Room ☐ Hallway Bed Report to: _____

Triage Nurse Signature: [Signature] ID # 13656




ER160

PRINTED BY: b13736

DATE 10/9/2006

Form ER 16002 Rev. 01/27/06

Nursing Chart Long Form Page 2

Airway and C-spine <input checked="" type="checkbox"/> WNL <input type="checkbox"/> Abnormal		<input type="checkbox"/> Clear <input type="checkbox"/> Obstructed <input type="checkbox"/> Intubated size _____ cm @ lip _____ <input type="checkbox"/> C-spine secured by ED staff		 F0615000782 HUFFMAN, JAMES G DOB: 10/29/53 Age: 52Y MR #: 191817 Admit Date/Time: 05/30/06 1929P 917 SULLIVAN, JOEL C		
Breath Sounds <input checked="" type="checkbox"/> WNL / Clear <input type="checkbox"/> Abnormal		Rales Rhonchi Wheezes Diminished Absent R <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> L <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
Respiratory <input checked="" type="checkbox"/> WNL <input type="checkbox"/> Abnormal		<input type="checkbox"/> Labored <input type="checkbox"/> Apneic <input type="checkbox"/> Expiratory Grunting <input type="checkbox"/> Rapid <input type="checkbox"/> Retractions <input type="checkbox"/> Cough - Productive <input type="checkbox"/> Shallow <input type="checkbox"/> Stridor <input type="checkbox"/> Cough - Non-productive <input type="checkbox"/> Nasal Flaring <input type="checkbox"/> Tracheal deviation <input type="checkbox"/> Sputum: color _____			<input type="checkbox"/> Home Oxygen _____ L/min	
Cardiovascular <input type="checkbox"/> WNL <input type="checkbox"/> Abnormal		<input type="checkbox"/> Thready/weak <input checked="" type="checkbox"/> Chest Pain/Tightness <input type="checkbox"/> Irregular <input type="checkbox"/> Diaphoresis <input type="checkbox"/> Dizziness <input type="checkbox"/> Cyanosis <input type="checkbox"/> Arrhythmia <input type="checkbox"/> Edema <input type="checkbox"/> Pulses X 4			Notes: Monitor Rhythm <input checked="" type="checkbox"/> See Strips <input type="checkbox"/> ICD	
Neurological <input checked="" type="checkbox"/> WNL <input type="checkbox"/> Not Assessed <input type="checkbox"/> Playful <input type="checkbox"/> Interactive with environment		<input type="checkbox"/> LOC <input type="checkbox"/> Combative <input type="checkbox"/> Lethargic <input type="checkbox"/> Headache <input type="checkbox"/> Syncope <input type="checkbox"/> Tremors <input type="checkbox"/> Disoriented <input type="checkbox"/> Seizures <input type="checkbox"/> Vertigo/Dizzy <input type="checkbox"/> Speech difficulty / slurred <input type="checkbox"/> Confusion <input type="checkbox"/> Unresponsive <input type="checkbox"/> Responds to Voice only <input type="checkbox"/> Responds to Pain only <input type="checkbox"/> Follows commands <input type="checkbox"/> Change in mental status <input type="checkbox"/> Moves all extremities			Notes: <input type="checkbox"/> Seizure precautions <input type="checkbox"/> Neuro vital signs (see NN) <input type="checkbox"/> Glasgow Coma Scale _____ <input type="checkbox"/> CVA Protocol (NIH Stroke Scale) <input type="checkbox"/> Nutritional risk Yes No <input type="checkbox"/> Dentures Upper Lower <input type="checkbox"/> Meal Given	
GI <input type="checkbox"/> WNL <input type="checkbox"/> Not Assessed		<input checked="" type="checkbox"/> V/D <input type="checkbox"/> Cramping <input type="checkbox"/> Constipation <input type="checkbox"/> Rigid Abd vomiting x _____ <input type="checkbox"/> Pain <input type="checkbox"/> Distention <input type="checkbox"/> Tender Abd <input type="checkbox"/> BS + - <input type="checkbox"/> Bleeding <input type="checkbox"/> Weight Loss / Gain <input type="checkbox"/> Last BM _____				
GU / GYN <input checked="" type="checkbox"/> WNL <input type="checkbox"/> Not Assessed		<input type="checkbox"/> Pregnant <input type="checkbox"/> Pain <input type="checkbox"/> Freq/urgency <input type="checkbox"/> Amenorrhea <input type="checkbox"/> G P A <input type="checkbox"/> Distention <input type="checkbox"/> Incontinent <input type="checkbox"/> Dysmenorrhea <input type="checkbox"/> EDC <input type="checkbox"/> Hematuria <input type="checkbox"/> Flank pain L R <input type="checkbox"/> Vaginal Bleeding <input type="checkbox"/> FHTs <input type="checkbox"/> Burning <input type="checkbox"/> Blood at Meatus <input type="checkbox"/> Discharge			Notes: <input type="checkbox"/> Ostomy _____ <input type="checkbox"/> Foley size _____ Urine description:	
Musculo-skeletal <input checked="" type="checkbox"/> WNL <input type="checkbox"/> Not Assessed		<input type="checkbox"/> Pain <input type="checkbox"/> Unable to Assess Gait <input type="checkbox"/> Splinting <input type="checkbox"/> Swelling <input type="checkbox"/> Unsteady gait <input type="checkbox"/> Weakness <input type="checkbox"/> Deformity <input type="checkbox"/> Assist Device <input type="checkbox"/> History of falls			Notes: R L Handed Gait Device: Cane Walker Crutches W/C Prosthesis	
Integumentary <input checked="" type="checkbox"/> Intact <input type="checkbox"/> Not Assessed		<input type="checkbox"/> Bruises <input type="checkbox"/> Wound <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Jaundice <input type="checkbox"/> Rash <input type="checkbox"/> Laceration <input type="checkbox"/> Fistula : Location _____ <input type="checkbox"/> Abrasions <input type="checkbox"/> Lesions <input type="checkbox"/> Bruit + - <input type="checkbox"/> Thrill + -			Notes: <input type="checkbox"/> Exposure to Chemicals <input type="checkbox"/> Burns	
EENT: <input checked="" type="checkbox"/> WNL <input type="checkbox"/> Not Assessed		<input type="checkbox"/> Eye R L Both Pupil size R _____ mm L _____ mm <input type="checkbox"/> Hearing Aid: R L B <input type="checkbox"/> Ear R L Both <input type="checkbox"/> Drainage <input type="checkbox"/> Itching <input type="checkbox"/> Pain <input type="checkbox"/> Nose <input type="checkbox"/> Throat <input type="checkbox"/> Dental <input type="checkbox"/> Congestion <input type="checkbox"/> Redness			<input type="checkbox"/> Visual Acuity R 20/____ L 20/____ B 20/____ Glasses Contacts	
Psychiatric: <input checked="" type="checkbox"/> WNL <input type="checkbox"/> Not Assessed		<input type="checkbox"/> Memory changes <input type="checkbox"/> Delusions <input type="checkbox"/> Calm <input type="checkbox"/> Suicidal ideations <input type="checkbox"/> Depression <input type="checkbox"/> Insomnia <input type="checkbox"/> Hostile <input type="checkbox"/> Homicidal ideations <input type="checkbox"/> Anxiety <input type="checkbox"/> Hallucinations <input type="checkbox"/> Agitated <input type="checkbox"/> Plan? Yes No			Notes: <input type="checkbox"/> Environment secured <input type="checkbox"/> Restraints Present	
Suspected: <input checked="" type="checkbox"/> None <input type="checkbox"/> Child/Elder Abuse <input type="checkbox"/> Sexual Assault <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Victim of Violent Crime		Communication Deficit: <input checked="" type="checkbox"/> No deficit <input type="checkbox"/> Language barrier <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Uses Sign Language <input type="checkbox"/> Visually Impaired <input type="checkbox"/> Altered Mental Status <input type="checkbox"/> Translator _____ Dominant Language: _____		Barriers to learning: <input checked="" type="checkbox"/> None <input type="checkbox"/> Physical limits _____ <input type="checkbox"/> Emotional _____ <input type="checkbox"/> Cultural _____ <input type="checkbox"/> Religious/Spiritual _____ <input type="checkbox"/> Suspected low literacy skills <input type="checkbox"/> Developmental disability		
Referrals/Reporting: <input type="checkbox"/> Social Service <input type="checkbox"/> Behavioral Health <input type="checkbox"/> Police / Security <input type="checkbox"/> CPS / APS / DHHR <input type="checkbox"/> Animal Bite <input type="checkbox"/> Poison Control <input type="checkbox"/> SART / SANE		Developmental Milestones <input type="checkbox"/> Achieved <input type="checkbox"/> Delayed		Safety measures addressed <input type="checkbox"/> Side rails Up <input checked="" type="checkbox"/> ID Bracelet On <input type="checkbox"/> Risk of falls <input type="checkbox"/> Falls Bracelet		
				Support System: <input type="checkbox"/> Lives Alone <input checked="" type="checkbox"/> Family/Significant Other <input type="checkbox"/> Minor w / Parent <input type="checkbox"/> Minor w/o Parent <input type="checkbox"/> Nursing Home <input type="checkbox"/> Assisted Living Home <input type="checkbox"/> Other Marital Status: S M W D		
PRINTED BY: B13736		Nurse Signature (Nurse completing assessment) ID # DATE 10/9/2006 13656		Time 1940		



F0615000782 HUFFMAN, JAMES G
 DOB: 10/29/53 Age: 52Y MR #: 191817
 Admit Date/Time: 05/30/06 1929P
 917 SULLIVAN, JOEL C



Baptist Nursing Chart HEALTH Long Form

Page 3

Patient Name: _____

IV Push is medications given in < 16 minutes

MEDICATIONS

(Put medications in the same syringe on one line)

Time	Route					Medication	Dose	Site	Initials	Response to Medication		
	IV Push	IM	SC	PO	Other					Pain Scale	Other	Initials
2014	0	0	0	0	0	NTG	1/150	SC	SW			
2014	0	0	0	0	0	ASA	325	PO	SW			
2014	0	0	0	0	0	MVD	60	PO	SW			
2034	0	0	0	0	0	Morphine	4mg	IV	SW			
2122	0	0	0	0	0	Morphe	4mg		hy			
2204	0	0	0	0	0	Plavix	75mg	PO	SW	2200	feeling better	SW
2204	0	0	0	0	0	Xanax	1mg	PO	SW			
	0	0	0	0	0							

☐ TD Adult ☐ DT Pedi ☐ Tetanus Toxoid ☐ Rabies ☐ Rabies IG ☐ Other ☐ VAR Completed

Thrombolytics: ☐ Cardiac ☐ Stroke ☐ Vasopressors ☐ Intraosseous Infusion ☐ No response to med required

PARENTERAL THERAPY - IV FLUIDS

☐ IV Pump ☐ Warmed solution ☐ Bunitrol

Site	Per Hr IV	KVO	Lock	Start TIME	Stop TIME	Hydration	Medication	Solution/Additive Medication	Rate / Bolus	Repeat Med	Initials
1	Site <u>AC</u>			2015	2205	0	0	NS	150/hr	0	SW
Time	Gauge <u>20G</u>					0	0			0	
	Attempts x <u>5</u>					0	0			0	
	Blood drawn					0	0			0	
2	Per Hr IV	KVO	Lock			0	0			0	
Time	Site					0	0			0	
	Gauge <u>x</u>					0	0			0	
3	Per Hr IV	KVO	Lock			0	0			0	
Time	Site					0	0			0	
	Gauge <u>x</u>					0	0			0	

INTAKE Amount OUTPUT Amount

Oral Urine

IV Gastric

Other Other

Response to IV therapy

☒ Tolerated well, no adverse reaction noted

Blood Transfusion

IV Site at disposition

TOTAL

TOTAL

☐ Routine ☐ Emergent

Total # of units

Time: 2205 ☐ Patent ☒ Discontinued

☒ No redness ☒ No swelling ☒ catheter intact

Vital Signs

☒ Continuous NIBP (strips attached)

Titrated Medications ☐ See flow sheet

Time	Temp	Pulse	Resp	B/P	Pulse Ox	Glucose Checks	Pain Scale	Time	Med #1	Med #2	Med #3	Initials

PRINTED BY: b13736

DATE 10/9/2006

Nursing Chart Long Form Page 4

PROCEDURES / TREATMENT CARE

EYE

- ☐ Eye Exam - **NO FB found**
- ☐ FB Eye Exam/Slit lamp
- ☐ FB Eye Exam/No Slit lamp
- ☐ Eye irrigation R L Both

Amount _____

NOSE/EAR

- ☐ Nasal Caution
- ☐ Nasal packing-anterior
- ☐ Nasal packing-posterior
- ☐ Nasal packing-balloon
- ☐ Ear irrigation (ear wax) R L

CARDIOLOGY

- ☒ Cardiac monitor
- ☒ EKG - by ED staff
- ☒ Repeat EKG by ED staff
- ☒ Pulse Ox-continuous
- ☐ Central line ☐ < 5yr ☐ ≥ 5yr
- ☐ External pacer
- ☐ Temporary internal pacer
- ☐ Cardioversion (electric)
- ☐ Pericardiocentesis
- ☐ Decort vascular device
- ☐ PICC line ☐ < 5yr ☐ ≥ 5yr
- ☐ Arterial Blood Gas
- ☐ Blood / Needle exposure

GI / GU

- ☐ Straight/quick cath for UA
- ☐ Foley catheter Size _____
- ☐ Bladder irrigation
- ☐ Foley removed
- ☐ Rectal exam ☐ Anoscopy
- ☐ Rectal disimpaction
- ☐ Enema ☐ Repeat x _____
- ☐ NG w/ suction _____
- ☐ NG w/ Lavage _____
- ☐ G-tube replace ☐ Reposition
- ☐ Pelvic Exam
- ☐ Sexual Assault Exam
- ☐ Incontinence Care

PULMONARY

- ☐ Airway: Oral/Nasal ☐ Oxygen Mask Cannula _____ Liters/min ☐ End-tidal CO2 + -
- ☐ Intubation Tube: _____ ☐ Cricothyroidotomy
- ☐ PTA ☐ ED ☐ Anesthesia ☐ Tracheostomy
- ☐ Rapid sequence induction ☐ Trach Care
- ☐ Ventilation assist Bi-Pap C-Pap ☐ Suction Oral/Nasal/Trach
- ☐ Thoracentesis (Needle)
- ☐ Chest tube insertion
- Tube size: _____ R / L ☐ Bilateral
- ☐ Nebulizer(s) X _____

DISPOSITION / OUTCOME

- PATIENT PROPERTY:** ☐ Sent home ☐ Secured / hospital safe ☐ Patient retains/accepts responsibility ☐ Sent with patient
- ☐ Dentures ☐ Glasses ☐ Hearing device ☐ Clothing ☐ Cane ☐ Crutches ☐ Walker ☐ Valuables ☐ Other:

☒ Discharged Time 2209

Admitted Time _____ Room _____

Transferred Time: _____

☐ Expired Time: _____

- ☐ Nursing Home
- ☐ AMA signed unsigned
- ☐ LBMSE

- ☐ Regular Room
- ☐ Telemetry ☐ ICU / CCU
- ☐ Surgery ☐ Cath Lab
- ☐ Psychiatric ☐ Observation

- ☐ Hospital
- ☐ Psychiatric

☐ Extended Stay (>4 hours)

- ☐ Coroner called
- ☐ Released to Funeral Home
- ☐ Organ donation addressed

Notes:

TEACHING / DISCHARGE CARE

CORE MEASURES:

- ☐ AMI ☐ Pneumonia ☐ Heart Failure ☐ Stroke

Smoking cessation advised ☐ < 3 min ☐ ≥ 3 min

- ☒ Discharge Instruction sheet provided
- ☒ Verbal understanding of discharge / RX
- ☐ Meds dispensed by physician _____
- ☐ Extended patient education

Instruction(s) given to:

- ☒ Patient
- ☐ Parent / Family
- ☐ Friend
- ☐ Other

Discharge Mode:

- ☒ Ambulatory ☐ Carried
- ☐ Ambulance ☐ Crutches
- ☐ Wheelchair ☐ Stretcher

Accompanied by:

- ☐ Self /Parent
- ☐ Spouse ☐ Friend
- ☒ Police ☐ Family
- ☐ Other

☐ Work/School Excuse (see copy)☐ Workers Comp Papers Initiated (see copy)☐ ED Boarder Time:

TRIAGE OUT VITAL SIGNS

Time	Temp	Pulse	Resp	B/P	Pulse OX	Pain Scale	FHT
2209	56	12	134/77	98%			

Condition: ☒ improved ☐ unchanged ☐Triage Out Note: DIC inst, Rx reviewed
at pt, Sheriff's Dept. stated
understanding, state feeling
better.

Signature and Employee ID

Signature and Employee ID

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Initials

Initials

DATE

Admit Report called to:

Time:

Discharge Nurse

Initials



%

FO615000782 HUFFMAN, JAMES G
 DOB: 10/29/53 Age: 52Y MR #: 191817
 Admit Date/Time: 05/30/06 1929P
 917 SULLIVAN, JOEL C

DATE: 5/30 TIME: _____ ROOM: 3 EMS Arrival

HISTORIAN: patient spouse paramedics

HX / EXAM UNOBTAINABLE 2° TO:

HPI

chief complaint: chest pain / discomfort

started: 6 PM

Bent over - when stood
up he went

time course:

all present better
 gone now
 lasted

resolved on arrival in ED

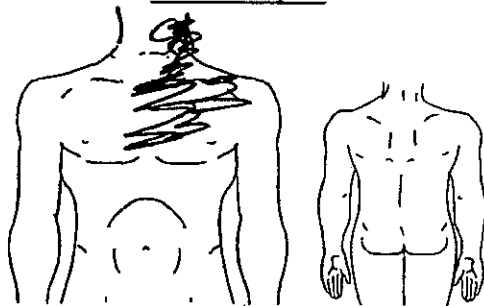
constant "waxing & waning"
 intermittent episodes lasting

worse / persistent since

quality:

pressure
 tightness
 indigestion
 burning
 dull
 aching
 sharp
 stabbing
 "pain"
 "numbness"
 "like prior MI"

location of pain:



radiation: none diagrammed above

associated symptoms:

nausea
 vomiting

shortness of breath
 sweating

worsened by:

change in position
deep breaths / turning
 exertion
 nothing

relieved by:

sitting up
 rest
 antacids
 nothing

nitroglycerin 1 2 3
 patient's own supply
 given by paramedics
 relief: none / partial /
 complete / transient
 Oxygen NRB L

onset during:

sleep rest light activity
 mod. / heavy exertion
 emotional upset
 cannot recall

severity:

maximum: (1-10)

mild moderate severe

when seen in ED: (1-10)

gone almost gone mild moderate severe
 residual discomfort in arm (R/L)

Similar symptoms previously

Recently seen / treated by doctor

pt in Jail

© 1996 - 2004 T-System, Inc. Circle or check affirmatives, backslash (N) negatives.

33

Baptist Health
EMERGENCY PHYSICIAN RECORD
 Chest Pain (5)

PAST HX negative * = MI risk factors

*high blood pressure

*diabetes insulin / oral / diet

*high cholesterol

heart disease

heart attack (MI)

angina / heart failure / CAD

*DVT / PE / risk factors

GERD

other problems

emphysema

collapsed lung

stroke

peptic ulcer

documented? yes no

gall stones

thyroid disease

Surgeries / Procedures none

non-contributory

cardiac bypass

cardiac cath

angioplasty 2004

thrombolytics

pacemaker

tonsillectomy

cholecystectomy

appendectomy

hysterectomy

defibrillator

Medications none see nurses note

NSAID acetaminophen BCP's

ASA time of last dose

Allergies NKDA

see nurses note

TCN

SOCIAL HX recent ETOH

*smoker

drug abuse

FAMILY HX DM HTN CAD (less than 55yo / greater than 55yo)

sudden death stroke diabetes

ROS

HX / EXAM UNOBTAINABLE 2° TO:

CHEST / CONST

fever

chills

cough

sputum

ankle swelling

calf / leg pain

NEURO

headache

blackouts

EYES / ENT

blurred vision

sore throat

GI/GU

abdominal pain

black / bloody stools

problems urinating

SKIN / LYMPH / MS

skin rash / swelling

joint pain

all systems neg. except as marked

FEMALE REPRODUCTIVE

LNMP

vaginal discharge

abnormal bleeding

RN / PA / NP

MD

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DATE

10/9/2006 RN / PA / NP sign after recording history; physician initial after reviewing with patient and confirming or revising all elements.

☒ Nursing Assessment Reviewed ☐ Vitals Reviewed ☐ Bilateral BP

PHYSICAL EXAM**General Appearance**

☒ no acute distress
☒ alert

EYES

☒ nml inspection

ENT

☒ ENT nml inspection
☒ pharynx nml

NECK

☒ nml inspection

RESPIRATORY

☒ no resp. distress
☒ chest non-tender
☒ nml breath sounds

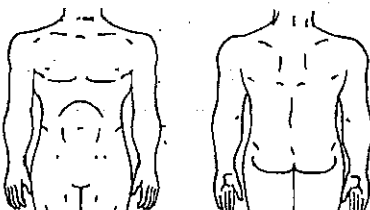
CVS

☒ regular rate, rhythm
☒ no murmur
☒ no gallop
☒ no friction rub
☒ normal pulses

IV
mild / moderate / severe distress
anxious / lethargic
scleral icterus / pale conjunctivae
purulent nasal drainage
pharyngeal erythema
thyromegaly
lymphadenopathy (R / L)
see diagram
respiratory distress
manifests distinct pain on movement
of (R / L) arm of trunk
splinting / decr air mvmt
rales
rhonchi
wheezing

irregularly irregular rhythm
extrasystoles (occasional / frequent)
tachycardia / bradycardia
PMI displaced laterally
JVD present
murmur grade /6 sys / dias
cresc / cresc-decresc / decresc
gallop (S3 / S4)
friction rub
decreased pulse(s)
R carotd fem dors ped
L carotd fem dors ped

T = tenderness
G = guarding
R = rebound
m = mild
mod = moderate
se = severe
(e.g., Tse = severe tenderness)

**GASTROINTESTINAL**

☒ non-tender
☒ no organomegaly

tenderness
guarding
rebound
abnml bowel sounds
hepatomegaly / splenomegaly / mass

RECTAL

☒ non-tender
☒ heme neg stool

black / bloody / heme pos. stool
tenderness

SKIN

☒ color nml, no rash
☒ warm, dry

cyanosis / diaphoresis / pallor
skin rash

EXTREMITIES

☒ non-tender
☒ normal ROM
☒ no pedal edema
☒ no calf tenderness

pedal edema
calf tenderness
clubbing

NEURO / PSYCH

☒ oriented x3
☒ mood / affect nml
☒ CN's nml as tested
☒ no motor / snsry deficit

disoriented to: person / place / time
depressed affect
facial droop / EOM palsy / anisocoria
weakness / sensory loss

EKG MONITOR STRIP

☒ normal ☐ abnormal

EKG

☒ nml ☐ Interp. by me ☐ Reviewed by me Rate
NSR nml intervals nml axis nml QRS nml ST/T

not / changed from:

Repeat EKG unchanged / *hml*

Chest Pain - 33

PRINTED BY: 613736

LABS, EKG & XRAYs:

CBC
normal except

WBC

Hgb

Hct

Platelets

segs

bands

lymphs

monos

eos

CO2

CXR

nml / NAD

not / changed from:

Pulse Ox

normal

abnormal

Chemistries

normal except

BUN

Creat

Gluc

Alk Phos

ALT

AST

Na

K

Cl

CO2

Ca

Bilirubin

Magnesium

BNP

D-Dimer

CK

CKMB

Troponin

PT

PTT

INR

UA

normal except

WBC

RBC's

bacteria

dip:

☒ Interp. by me ☐ Reviewed by me ☐ Discd w/ radiologist
nml / NAD no infiltrates nml heart size nml mediastinum

treatment

Medications Given: time: ASA ACE inhibitor Beta Blockers Thrombolytics Nitrates

Discharge Medications:**PROGRESS:**

Re-evaluation time 2:15 unchanged improved re-examined
Re-evaluation time 2:20 unchanged improved re-examined
Re-evaluation time _____ unchanged improved re-examined

*GTCP - acute out p Benzoin. stat
22w - lungs - hilly - ground*

TREATMENT: • angina protocol NSR, m, m, m

• unstable angina protocol

• acute MI protocol or acute coronary syndrome protocol

MEDICAL DECISION:

Rx given

Follow up with

Relinquished care to Dr.

Time:

Discussed with Dr. _____ CRIT CARE - 30-74 min
will see patient in: office / ED / hospital 75-104 min
Counseled patient / family regarding: Prior records ordered
no results diagnosis need for follow-up Additional history from:
Admit orders written family caretaker paramedics

CLINICAL IMPRESSION:

Chest Pain - acute precordial

Chest Wall Pain - acute

Dyspnea - acute

Costochondritis - acute

Myofascial Strain - acute

Viral Syndrome - acute

Bronchitis - acute

Viral Pleuritis (Pleurisy)

Abnormal EKG

GERD

Acute MI

Unstable Angina

Pericarditis - acute

Acute Aortic Dissection

Pulmonary Embolism

Acute Pulmonary Edema / CHF

Atrial Fibrillation - rapid vent. response

controlled uncontrolled new-onset chronic

Pneumonia

Pneumothorax

DISPOSITION-

CONDITION-

☐ home ☐ admitted ☐ transferred

☐ unchanged ☐ improved ☐ stable

x

MD / DO x

MD / DO

Resident

Attending

☐ Hx review, Patient interviewed, Medical Decision Making, and Examined by Physician

DATE 10/9/2006



%

FO615000782 HUFFMAN, JAMES G
 DOB: 10/29/53 Age: 52Y MR #: 191817
 Admit Date/Time: 05/30/06 1929P
 917 SULLIVAN, JOEL C



ER PRESCRIPTION & DISCHARGE INSTRUCTIONS

Page 2 of 3

DISCHARGE INSTRUCTIONS - PATIENT COPY

Weight	Phone	Allergies	Tetracycline	Location SOUTH
MEDICINES PRESCRIBED		If non, check this box: <input type="checkbox"/> VOID IF NOT PRINTED WITH CRANBERRY BACKGROUND.		

Name/Strength;	Number	Schedule / Duration	No Refills	Refills
1. <i>1000 mg</i>	<i>1</i>	<i>once daily</i>	<input checked="" type="checkbox"/>	
2.			<input type="checkbox"/>	
3.			<input type="checkbox"/>	
4.			<input type="checkbox"/>	
5.			<input type="checkbox"/>	

INSTRUCTIONS SHEET(S) GIVEN

- | | | | | |
|---|-----------------------------------|--|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Crutches | <input type="checkbox"/> Head Injury | <input type="checkbox"/> Threatened Ab | Return for signs of infection
Increased Redness
Increased Swelling
Increased Drainage
Increased Heat |
| <input type="checkbox"/> Back Pain | <input type="checkbox"/> Fever | <input type="checkbox"/> Otitis Media | <input type="checkbox"/> Vomiting / Diarrhea | |
| <input type="checkbox"/> Cast / Splint Care | <input type="checkbox"/> Fracture | <input type="checkbox"/> Sprains / Bruises | <input type="checkbox"/> Wound Care | |
| | | <input type="checkbox"/> ST | <input type="checkbox"/> Other(s) | |

Additional Instructions:

Return for problem
Follow up a. Dr. Frutkin

Referred to:

- ☐ Dr. *Frutkin*
 Phone: _____
☐ Call on next business day for follow-up appointment in _____ days / weeks ☐ Next available

- ☐ Return to Emergency Dept in _____ hours / days for recheck.
☒ If no improvement or your condition worsens, call your private physician or return to the Emergency Department for a recheck.
☒ Learning needs assessed ☐ Instructions Modified
☒ Education provided on new Medication *Plavix*

I understand that the treatment I have received was rendered on an emergency basis and is not meant to replace complete care from a primary care provider or clinic. Furthermore, I may have been released before all of my medical problems were apparent, diagnosed, and/or treated. If my condition worsens, I have been instructed to call my primary care provider or return to this facility or the nearest emergency center. I understand that I should NOT drive or perform hazardous tasks if my medication or treatment causes drowsiness. I have read and understand the above, received a copy of this form and applicable instruction sheets, and I will arrange for follow-up care. If diagnostic tests indicate a need for modification in therapy, you will be notified at the phone number you provided.

☒ Patient
☐ Relative
☐ Other

Time Released:

> 2209 hrs

INSTRUCTED BY:

PHYSICIAN:

WORK/SCHOOL STATEMENT from the Emergency Department

PATIENT	DATE
<input type="checkbox"/> Patient was seen by Dr. _____ <input type="checkbox"/> No athletics / physical education: _____ days <input type="checkbox"/> May return to work/school without restrictions <input type="checkbox"/> Will require time off work / school. Estimated time: _____ days* <input type="checkbox"/> Must be reevaluated by family / occupational physician before returning to school / work.	<input type="checkbox"/> May return to restricted duties for _____ days* Restrictions: _____ <input type="checkbox"/> _____ was here with relative/child. <input type="checkbox"/> Other _____

Time off from school or work longer than three days should be approved by a Personal or Company/Occupational Medicine Physician, unless otherwise stated.



ER 160

PRINTED BY: b13736

DATE 10/9/2006

FORM # ER 16006 REV. 03/07/06



F0615000782 HUFFMAN, JAMES G
 DOB: 10/29/53 Age: 52Y MR #: 191817
 Admit Date/Time: 05/30/06 1929P
 917 SULLIVAN, JOEL C

PHYSICIAN INFORMATION



AERAS PHYSICIAN ORDER SHEET

Date/Time	TEST	SYMPTOMS			
PROCEDURE SET-UPS					
<input type="checkbox"/>	Visual Acuity				
<input type="checkbox"/>	Eye Box	<input type="checkbox"/> Morgan Lens <input type="checkbox"/> Tetracaine	<input type="checkbox"/> Corneal Burr <input type="checkbox"/> Tonopen	<input type="checkbox"/> Dacriose <input type="checkbox"/> Woods Lamp	
<input type="checkbox"/>	Nose Tray	<input type="checkbox"/> Head Light			
<input type="checkbox"/>	Dental Box				
<input type="checkbox"/>	Ortho Box				
<input type="checkbox"/>	Pelvic Exam				
<input type="checkbox"/>	Lumbar Puncture				
<input type="checkbox"/>	NG-Tube				
<input type="checkbox"/>	Splint				
<input type="checkbox"/>	Crutch Walking				
<input type="checkbox"/>	Suture Set-Up				
BEHAVIORAL HEALTH					
<input type="checkbox"/>	Psychiatric Evaluation/Screening				
<input type="checkbox"/>	Restraints	See Restraint Order Sheet	<input type="checkbox"/> 1:1 Seclusion		
IV FLUIDS					
<input type="checkbox"/>	IV Site _ x1 _ x2				
<input type="checkbox"/>	IV Bolus	<input type="checkbox"/> _____ X500ml	<input type="checkbox"/> _____ 1 Liter	<input type="checkbox"/> _____ 2 Liters	
<input type="checkbox"/>	IV Fluids	_____ at _____ ml/hr	_____ at _____ ml/hr	_____ at _____ ml/hr	
<input type="checkbox"/>	IV Critical Drips	Cardizem	Nitroglycerin	Dopamine	
		Nipride	Integrillin	Other	
TIME	MEDICATIONS		TIME	MEDICATIONS	
	NSC 100			Morphine, IV	
	NSC 1/150 SL			Xanax, IV	
	NSC 325			Plavix 75	
	MVA 60 mg				
	Morphine, IV			<input type="checkbox"/> See additional medication order form.	
TIME	CONSULTS				
<input type="checkbox"/>	Primary Physician	<input type="checkbox"/>	On-Call Specialist	<input type="checkbox"/>	GMS/FMS/Hospitalist
Time Notified		Time Notified		Time Notified	
Time Responded		Time Responded		Time Responded	
<input type="checkbox"/>	Other	<input type="checkbox"/>			
Time Notified		Time Notified			
Time Responded		Time Responded			
DISPOSITION					
TIME	DISCHARGE	ADMISSION	TRANSFER	EXPIRED	
	<input type="checkbox"/> Home	<input type="checkbox"/> Regular Room # _____	<input type="checkbox"/> Hospital	<input type="checkbox"/> Coroner Called	
	<input type="checkbox"/> AMA signed unsigned	<input type="checkbox"/> Telemetry Room # _____	<input type="checkbox"/> Psychiatric/Meadhaven	<input type="checkbox"/> Death Certificate Signed	
	<input type="checkbox"/> Elopement	<input type="checkbox"/> Observation Room # _____	<input type="checkbox"/> Other		
	<input type="checkbox"/> LBMSE	<input type="checkbox"/> Surgery			
	<input type="checkbox"/> Work/School Excuse Provided x's _____ Days		<input type="checkbox"/> Workers Comp Papers Initiated		
PHYSICIAN SIGNATURE:			EXTENDER SIGNATURE:		
Certified Medical Emergency <input type="checkbox"/> Yes <input type="checkbox"/> No			Dictation #		



ER 160

PRINTED BY: b13736

DATE 10/9/2006

Name: HUFFMAN, JAMES G DOB: 10/29/1953
MR: F000191817 Acct: F0615000782
AdmPhys: Sullivan, Joel C., MD
Admit date: 05/30/2006 Discharge date: 05/30/2006

CHEMISTRY

COLLECTION DATE: 5/30/06
COLLECTION TIME: 8:19:00 PM

		REF RANGE	UNITS
Gluc	137 H	[60-120]	mg/dL
BUN	18	[7-20]	mg/dL
Creat	1.0	[0.6-1.4]	mg/dL
Sodium	136	[135-145]	mmol
Potassium	4.2	[3.5-5.0]	mmol
Chloride	102	[97-112]	mmol
CO2	28	[22-32]	mmol
Calcium	8.8	[8.5-10.5]	mg/dL
Total Protein	6.9	[6.4-8.2]	gm/dl
Albumin	3.8	[2.8-5.0]	gm/dl
Alk Phos	88	[50-136]	u/l
ALT	32	[0-55]	u/l
AST	13	[8-42]	u/l
Bili Total	0.1	[0.0-1.0]	mg/dL
Magnesium	2.0	[1.6-2.4]	mg/dL
proBNP i	57	[0-299]	pg/mL

05/30/2006 08:19:00 PM proBNP:
<300 mg/dL excludes CHF

Cardiac Enzymes

COLLECTION DATE: 5/30/06
COLLECTION TIME: 8:19:00 PM

		REF RANGE	UNITS
Troponin-I	<0.04	[<=0.60]	ng/mL

88END

RightFax 10/9/2006 12:55 PAGE 10/21 RightFax
Prattville, AL 36048-4111
Case 2:06-cv-00748-MEF-WC Document 22-2 Filed 11/27/2006 Page 31 of 35
Name: HUFFMAN, JAMES G DOB: 10/29/1953
MR: F000191817 Acct: F0615000782
AdmPhys: Sullivan, Joel C., MD
Admit date: 05/30/2006 Discharge date: 05/30/2006

COAGULATION

COLLECTION DATE: 5/30/06
COLLECTION TIME 8:19:00 PM

		REF RANGE	UNITS
PT	11.3	[10.2-12.9]	Sec
INR	0.95	[0.90-1.19]	
PTT	26	[21-33]	Sec
D-Dimer Advanced i	0.43	[0.40-2.50]	mg/L

05/30/2006 08:19:00 PM D-Dimer Advanced:
D-Dimer with a result of < 1.0 mg/L
can be used to RULE OUT
the diagnosis of DVT and PE.

%%END

rightfax 10/30/2006 12:33 PAGE 17/21 rightfax
 Prattville, Bortis 00748-MEF-WC LABORATORY
 Case 2:06-cv-00748-MEF-WC Document 22-2 Filed 11/27/2006 Page 32 of 35
 Name: HUFFMAN, JAMES G DOB: 10/29/1953
 MR: F000191817 Acct: F0615000782
 AdmPhys: Sullivan, Joel C., MD
 Admit date: 05/30/2006 Discharge date: 05/30/2006

HEMATOLOGY

Routine Hematology

COLLECTION DATE: 5/30/06
 COLLECTION TIME: 8:19:00 PM

			REF RANGE	UNITS
WBC	15.4	H	[4.1-10.3]	X10-3/uL
RBC	4.00	L	[4.69-6.13]	X 10-6/uL
Hemoglobin	13.0		[13.0-17.5]	gm/dl
Hematocrit	39.4	L	[40.0-51.0]	%
MCV	99		[81-100]	FL
MCH	33	H	[27-31]	pg
MCHC	33		[32-35]	gm/dl
Platelet Count	345		[140-400]	X10-3/uL
RDW	14.8	H	[11.5-14.5]	%

Automated Differential

COLLECTION DATE: 5/30/06
 COLLECTION TIME: 8:19:00 PM

			REF RANGE	UNITS
Neutro Auto	61		[40-75]	%
Lymph Auto	24		[20-53]	%
Mono Auto	10		[0-12]	%
Eos Auto	4		[0-8]	%
Basophil Auto	1		[0-2]	%
Neutro Abs	9.5	H	[1.4-6.5]	#
Lymph Abs	3.7		[1.0-4.8]	#
Mono Abs	1.5	H	[0.1-0.6]	#
Eos Abs	0.7		[0.0-0.7]	#
Basophil Abs	0.1		[0.0-0.2]	#
Scan	Auto Diff Verified			

%%END

Prattville Baptist Hospital
Name: HUFFMAN, JAMES G DOB: 10/29/1953
MR: F000191817 Acct: F0615000782
AdmPhys: Sullivan, Joel C., MD
Admit date: 5/30/2006 Discharge date: 5/30/2006

RADIOLOGY

Procedure Name:	Accession Number:	Procedure Date /	Ordering
		Time:	Physician:
DX Chest Portable	DX-06-0061208	5/30/2006	Sullivan, Joel C.,
		08:06:00 PM	MD

Reason For Exam:
chest pain

FINDINGS
HUFFMAN, JAMES G

PORTABLE CHEST:

Both lungs appear to be well expanded without an identifiable abnormality. Heart and cardiomediastinal structures are unremarkable. I do not identify an abnormality of the bony thorax. The pleural space and diaphragmatic shadows are unremarkable. Air spaces appear normal.

IMPRESSION:
1. NO ABNORMALITY IDENTIFIED.

ELECTRONICALLY SIGNED BY: Bailey, Joseph M, MD

TECHNOLOGIST: JLS
TRANSCRIBED DATE AND TIME: 05/31/2006 09:35
TRANSCRIPTIONIST: tlb

88END

0615000782

05/30/2006 09:23:04 PM HUFFMAN, JAMES
52 years Male

Prattville Baptist Hospital

Room:
Oper: DH

Rate 59 Normal sinus rhythm, rate 59

PR 171

QRSD 86

QT 429

QTc 425

--AXIS--

P 51

QRS 38

T 64



% Bed 3

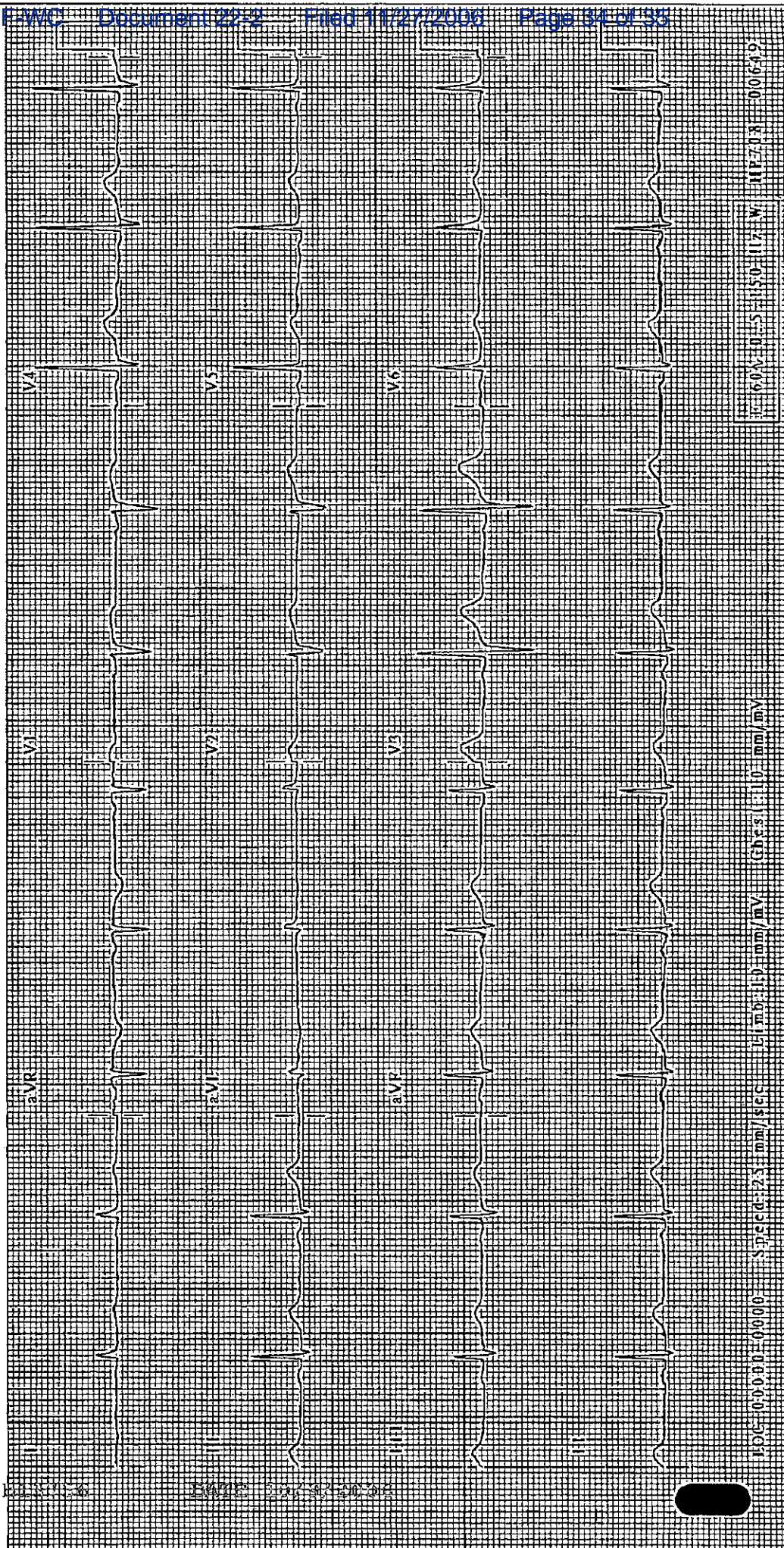
F0615000782 HUFFMAN, JAMES G
DOB: 10/29/53 Age: 52Y MR #: 191817
Admit Date/Time: 05/30/06 1929p
917 SULLIVAN, JOEL C

Requested by:

PRELIMINARY-MD MUST REVIEW

- NORMAL ECG -

PRINTED BY: [illegible]



ECG 0615000782 00000 Speed: 25 mm/sec L 10 mm/mV C 10 mm/mV

ECG 0615000782 000649

0615000782

05/30/2006 07:59:34 PM HUFFMAN, JAMES
52 years Male

Prattville Baptist Hospital

Room:
Oper: DH

Rate 63 Normal sinus rhythm, rate 63

PR 169

QRSD 85

QT 400

QTc 409

--AXIS--

P 62

QRS 54

T 72



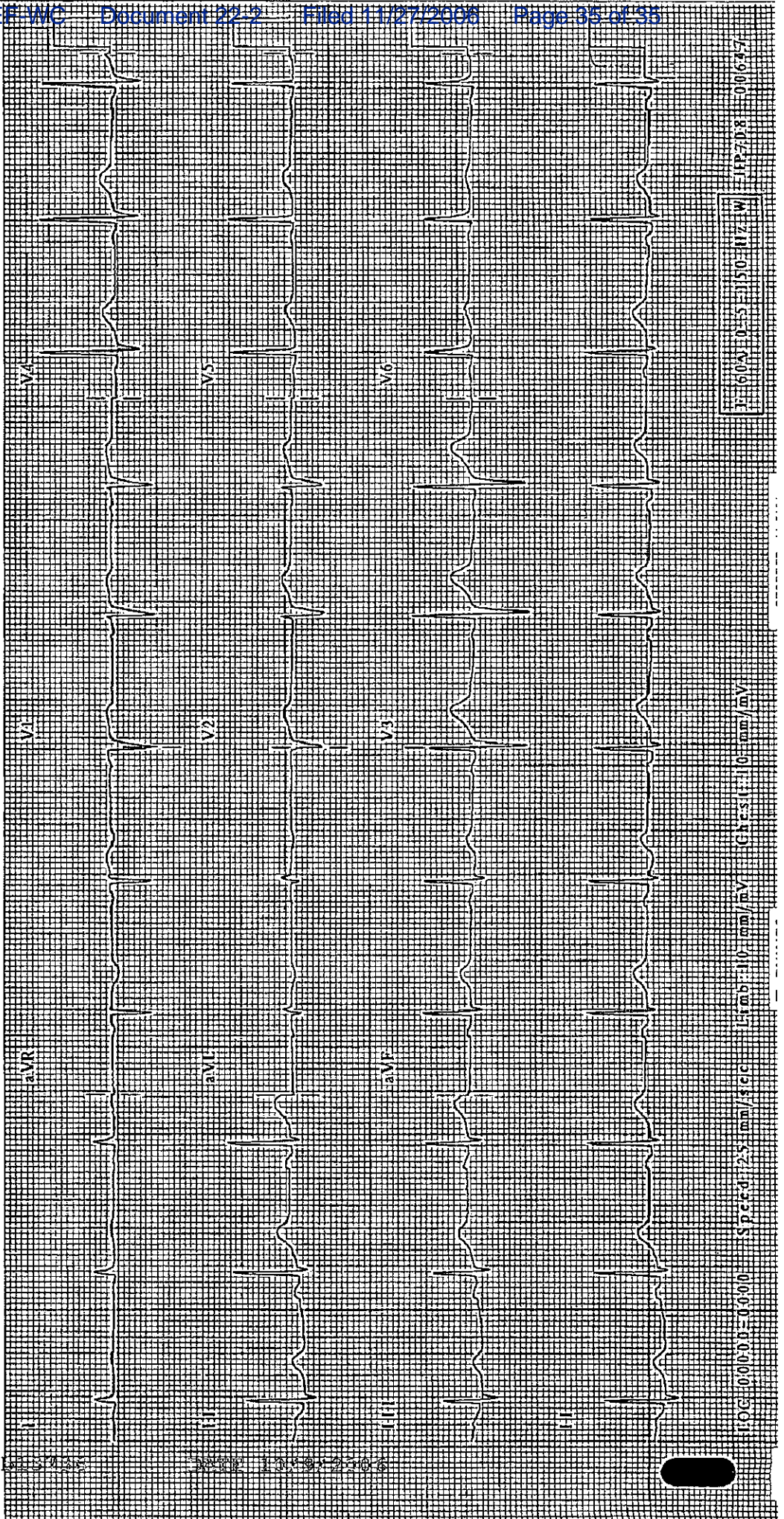
F0615000782 HUFFMAN, JAMES G
DOB: 10/29/53 Age: 52Y MR #: 191817
Admit Date/Time: 05/30/06 1929P
917 SULLIVAN, JOEL C

Requested by:

- NORMAL ECG -

PRELIMINARY-MD MUST REVIEW

PRINTED BY:



1106 00000=0000 Speed 25 mm/sec Limb 10 mm/mV Chest 10 mm/mV

IP-60A10-S-1150-HZ-W

IPP708 00657

**IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA
NORTHERN DIVISION**

JAMES G. HUFFMAN

Plaintiff,

$$\mathbf{V}_*$$

SOUTHERN HEALTH SERVICES, *et al.*,

Defendants.

CIVIL ACTION NO. 2:06-CV-748-MEF
(WO)

AFFIDAVIT OF TINA ELLIS, LPN.

Before me, the undersigned notary public, in and for said County and State, personally appeared **Tina Ellis, LPN**, who, after first being duly sworn by me, deposes and states as follows:

1. My name is Tina Ellis, LPN. I am over the age of 19 years and have personal knowledge of the facts contained herein.

2. I obtained my LPN degree from Bevill State Community College in Hamilton, Alabama in December 2005. In May 2006, I became licensed by the State of Alabama as an LPN. Since May 2006, I have been employed by Southern Health Partners, Inc. ("SHP") as the medical team administrator ("MTA") for the Autauga County Jail.

3. SHP provides medical care to inmates in various jail facilities, including the Autauga County Jail. From November 2005 to the present, health care services have been provided to inmates by SHP pursuant to a contract between SHP and the Autauga County Commission. Health care in the jail is provided under the direction of an MTA as well as a medical director. During the period complained of by the plaintiff in this action, Dr. Kenneth Nichols (“Dr. Nichols”) was the medical director in the jail and Jennifer Cook, Donna Cooey, Gail Colburn and I have served as the

MTA

4. When an inmate in the jail requires routine medical care, he or she obtains an inmate sick call slip from the corrections officer on duty in the housing unit and that form is provided to the medical staff for action. Routine sick calls are conducted by the medical staff inside the housing unit.

5. As I understand the plaintiff's complaint, the plaintiff alleges that Dr. Nichols and SHP's medical nursing staff were deliberately indifferent to the plaintiff by failing to provide him adequate medication for his heart problems, back pain and anxiety/bipolar disorder, which he claims caused him to suffer a heart attack in late April 2005 and to be rushed to Baptist Medical Center Emergency Room in May 2005.

6. I have reviewed SHP's entire medical chart on the plaintiff, a true and correct copy of which is attached as Exhibit A.

7. The plaintiff was booked into the Autauga County Jail on September 13, 2005. On September 15, 2005, Dr. Nichols saw the plaintiff. In this initial presentation, the plaintiff said he was taking Plavix for his heart, Zocor for high cholesterol and Xanax for anxiety. Plaintiff gave a medical history of two stents and a prior heart attack in January 2004. He also mentioned problems with anxiety and his back and said that he had undergone surgery for a ruptured spleen in November 2004. Dr. Nichols assessed him as having arteriosclerotic cardiovascular disease (ASCVD) and prescribed Plavix 75 mg. daily for his heart, Mevacor for cholesterol, Paxil and Atarax for anxiety and Vasotec for high blood pressure.

8. On September 29, 2005, Dr. Nichols saw the plaintiff in follow-up to his September 15th appointment, and the plaintiff complained that he did not get his heart medications the prior week. Dr. Nichols' assessment remained ASCVD and he changed the plaintiff's prescription to

include Elavil at night to help him sleep.

9. On October 6, 2005, Dr. Nichols saw the plaintiff for complaints of not sleeping. Dr. Nichols prescribed Elavil 100 mg. at the hour of sleep.

10. On November 8, 2005, Dr. Nichols discontinued the plaintiff's Paxil prescription and started him on Fluoxetine (brand name Prozac) 20 mg. for depression and anxiety.

11. On November 9, 2005, Dr. Nichols discontinued the plaintiff's prescription for Plavix and prescribed aspirin 325 mg. by mouth twice a day for the plaintiff's heart.

12. In November 2005, the plaintiff was administered the following medications:

- Aspirin for his heart.
- Lovastatin (brand name Mevacor) for cholesterol.
- Atarax for anxiety
- Vasotec for high blood pressure.
- Amitriptyline (brand name Elavil) to help him sleep.
- Paxil for depression and anxiety up through November 29, 2005.
- Fluoxetine (brand name Prozac) on November 30, 2005 for depression/anxiety.

13. In December 2005, the plaintiff was administered the following medications:

- Aspirin for his heart.
- Lovastatin for cholesterol.
- Vasotec for high blood pressure.
- Amitriptyline HCL (brand name Elavil) to help him sleep.
- Fluoxetine (brand name Prozac) for anxiety and depression.
- Hydroxyzine PAM (brand name Vistaril) for anxiety.

14. On December 10, 2005, the plaintiff completed an inmate sick call slip, complaining

that Dr. Finklea told him that he needed to take Plavix everyday for life. The plaintiff was seen by Gail Colburn, RN-- the MTA during this time period-- on December 16, 2005, and Nurse Colburn educated the plaintiff on the medications he was taking and advised the plaintiff that he could take Plavix if it was brought from home.

15. On January 3, 2006, Angela Henley, LPN, performed a history and physical on the plaintiff. During his history and physical, the plaintiff identified prior heart problems and stated that he had been treated for anxiety and bipolar disorder.

16. From January 1, 2006 through February 6, 2006, the plaintiff was administered the following medications:

- Aspirin for his heart.
- Lovastatin for cholesterol.
- Enalapril Maleate (brand name Vasotec) for high blood pressure.
- Amitriptyline HCL (brand name Elavil) to help him sleep.
- Fluoxetine (brand name Prozac) for anxiety and depression.
- Hydroxyzine PAM (brand name Vistaril) for anxiety.

17. On February 6, 2006, the plaintiff was discharged from the Autauga County Jail.

18. The plaintiff was again booked into the Autauga County Jail on April 30, 2006.

19. On May 1, 2006, Nurse Colburn performed a medical screening of the plaintiff, wherein she noted that the plaintiff had bruising on his bilateral groin area from heart catheterization. On May 5, 2006, Dr. Nichols entered an order prescribing Tylenol for the plaintiff's complaints of pain related to said bruising.

20. The plaintiff returned to the jail with prescriptions for Plavix, monopril and Zocor. On May 2, 2006, Dr. Nichols entered an order continuing the plaintiff on all of the same medications

he was on at the time he left the jail in February, substituting Lovastatin for Zocor, aspirin for Plavix and Vasotec for monopril.

21. On May 3, 2006, the plaintiff was brought to the medical staff complaining of chest pain. He was seen by Angela Henley, LPN, who noted that the plaintiff attributed his chest pain to soreness related to him trying to catch himself from falling. Nurse Henley took the plaintiff's vital signs and monitored him for a couple of hours without further complaint.

22. On May 10, 2006, the plaintiff completed an inmate sick call slip, complaining of an abscess tooth on his right bottom jaw. On May 12, 2006, the plaintiff was seen by Marlo Oaks, RN. Pursuant to Dr. Nichols' protocol for such complaints, the plaintiff was ordered Keflex and Percogesic and was added to the dental list. On May 24, 2006, the plaintiff was seen by Dr. Roberson, an Autauga County dentist. Dr. Roberson found that the plaintiff had two infected teeth, and he extracted same.

23. On May 11, 2006, Dr. Nichols saw the plaintiff, and he complained of pain in the left groin and testicles related to the placement of his heart catheter. Dr. Nichols continued the plaintiff on the same medications, which included Tylenol for pain.

24. On May 17, 2006, the plaintiff completed an inmate sick call slip, where he again complained that he was hurting in his groin area where the surgeons had placed his heart catheter. On May 19, 2006, the plaintiff was seen by Marlo Oaks, RN in response to this sick call slip, and Nurse Oaks noted that the plaintiff was not in acute distress and added the plaintiff to the list of patients for Dr. Nichols to see.

25. On May 25, 2006, Dr. Nichols saw the plaintiff for his complaints of soreness in his left groin area. Dr. Nichols noted that the plaintiff had a tender epigastrium. Dr. Nichols' assessment was ASCAD and gastritis, and he prescribed Zantac for the gastritis. Dr. Nichols also ordered

Tylenol to treat the plaintiff's complaints of pain.

26. In May 2006, the plaintiff was administered the following medication:

- Aspirin for his heart.
- Lovastatin (brand name Mevacor) for cholesterol
- Vasotec for high blood pressure.
- Amitriptyline (brand name Elavil) to help him sleep.
- Fluoxetine (brand name Prozac) for anxiety and depression.
- Hydroxyzine PAM (brand name Vistaril) for anxiety.
- Tylenol for pain.
- Keflex for dental complaints.
- Percogesic for dental complaints.
- Zantac for gastritis.

27. On May 30, 2006, the plaintiff complained to the medical staff of chest pain, and Dr. Nichols gave a telephone order to send the plaintiff to the emergency room for evaluation. The plaintiff was sent to Baptist Medical Center in Prattville and was seen by Dr. Joel Sullivan, who noted a normal EKG. I documented this emergency room visit on June 3, 2006, but it actually occurred on May 30, 2006. Dr. Sullivan's discharge instructions included a prescription for Plavix, but Dr. Nichols substituted aspirin for Plavix.

28. On June 28, 2006, the plaintiff completed an inmate sick call slip complaining of severe pain in his back, neck and hip from injuries received from a fall down the stairs.

29. On June 29, 2006, Dr. Nichols saw the plaintiff in response to these complaints. Dr. Nichols assessed the plaintiff with back pain and prescribed a Medrol dose pack, Motrin and Robaxin to treat these complaints of pain.

30. In June 2006, the plaintiff was administered the following medications:

- Aspirin for his heart.
- Lovastatin for cholesterol.
- Enalapril Maleate (brand name Vasotec) for high blood pressure.
- Amitriptyline (brand name Elavil) to help him sleep.
- Fluoxetine (Prozac) for anxiety and depression.
- Hydroxyzine PAM (brand name Vistaril) for anxiety
- Zantac for gastritis.
- Medrol dose pack for back pain.
- Ibuprofen (Motrin) for back pain.
- Robaxin for back pain.

31. On July 4, 2006, the plaintiff completed an inmate sick call slip, wherein he complained that his left ankle was swollen rising out of his fall down the stairs and requested an x-ray.

32. On July 5, 2006, Dr. Nichols ordered that the plaintiff receive an x-ray on his left ankle, which was performed by Dr. Randall Finley. Dr. Finley noted that the plaintiff had no fracture, dislocation or any abnormality with his ankle.

33. In July 2006, the plaintiff was administered the following medications:

- Lovastatin for cholesterol.
- Aspirin for his heart
- Enalapril Maleate (brand name Vasotec) for high blood pressure.
- Amitriptyline (brand name Elavil) to help him sleep.
- Fluoxetine (brand name Prozac) for anxiety and depression.
- Hydroxyzine PAM (brand name Vistaril) for anxiety.

- Zantac for gastritis.
- Medrol dose pack for back pain (up through July 5, 2006).
- Ibuprofen (Motrin) for back pain (up through July 5, 2006).
- Robaxin for back pain (up through July 8, 2006).

34. In August 2006, the plaintiff was administered the following medications:

- Lovastatin for cholesterol.
- Aspirin for his heart.
- Enalapril Maleate (brand name Vasotec) for high blood pressure.
- Amitriptyline (brand name Elavil) to help him sleep.
- Fluoxetine (Prozac) for anxiety and depression.
- Hydroxyzine PAM (brand name Vistaril) for anxiety.
- Zantac for gastritis.

35. On August 29, 2006, the plaintiff completed an inmate sick call slip, wherein he requested that the medical staff drop all of his medications except aspirin, Elavil and Vistaril.

36. On September 2, 2006, the plaintiff completed a refusal of treatment and release of responsibility form, wherein he again stated that he wanted all of his medications stopped except Vistaril, Elavil and aspirin.

37. Consistent with the plaintiff's desires, the plaintiff received aspirin, Vistaril and Elavil in September 2006. On September 21, 2006, Dr. Nichols saw the plaintiff for complaints of lower back pain. Dr. Nichols noted that the plaintiff was refusing his medication. Dr. Nichols ordered that the plaintiff take ibuprofen and Flexaril, a muscle relaxer, for his back pain and also ordered that the plaintiff resume taking Lovastatin for cholesterol and Vasotec for high blood pressure. Consistent with Dr. Nichols' orders, the plaintiff resumed taking these medications.

38. On October 9, 2006, the plaintiff completed an inmate sick call slip, wherein he complained of experiencing pain in his left abdomen near his rib cage where he had his spleen removed. He also complained of back pain. On October 10, 2006, I saw the plaintiff in response to this sick call slip, and I referenced Dr. Nichols prior orders for medication.

39. On October 31, 2006, the plaintiff completed an inmate sick call slip, wherein he complained of pain in his abdomen and requested to see Dr. Nichols.

40. On November 3, 2006, Dr. Nichols saw the plaintiff for these complaints and assessed him with esophageal reflux. Dr. Nichols prescribed Reglan to assist the plaintiff with this problem.

41. In October 2006, the plaintiff was administered the following medications:

- Lovastatin for cholesterol.
- Aspirin for his heart
- Enalapril Maleate (brand name Vasotec) for high blood pressure.
- Amitriptyline (brand name Elavil) to help him sleep.
- Fluoxetine (brand name Prozac) for anxiety and depression.
- Hydroxyzine PAM (brand name Vistaril) for anxiety.
- Zantac for gastritis.
- Mylanta for acid indigestion

42. Based upon my review of the plaintiff's records, my treatment of the plaintiff and my education, training and experience, it is my medical opinion that the plaintiff received appropriate nursing care for his heart problems, anxiety and back pain.

43. All necessary care provided to the plaintiff by me and the SHP medical staff was appropriate, timely and within the standard of care.

44. On no occasion was the plaintiff ever at risk of serious harm, nor was the medical staff ever indifferent to any complaint that he made.

Tina Ellis, LPN

STATE OF ALABAMA)
)
COUNTY OF _____)

I, the undersigned Notary Public in and for said county in said state, hereby certify that Tina Ellis, LPN, whose name is signed to the foregoing and who is known to me, acknowledged before me that, being fully informed of the contents of said instrument, he executed the same voluntarily on the day the same bears date.

GIVEN UNDER MY HAND and official seal on this the ____ day of _____, 2006.

Notary Public
My Commission Expires: _____

[yr] \LFSPSQL\CPSHare\CPWin\HISTORY\061114_0001\171F3.1B

Tina Ellis, LPN
Tina Ellis, LPN

STATE OF ALABAMA)
)
COUNTY OF Autauga)

I, the undersigned Notary Public in and for said county in said state, hereby certify that Tina Ellis, LPN whose name is signed to the foregoing and who is known to me, acknowledged before me that, being fully informed of the contents of said instrument, she executed the same voluntarily on the day the same bears date.

GIVEN UNDER MY HAND and official seal on this the 27 day of November, 2006.

Robert W. Bajt
Notary Public
My Commission Expires: 11-3-2007

Southern Health Partners
MASTER PROBLEM LIST

For Use with Chronic Condition Patients. Chronic Conditions are classified as (but not limited to): Diabetes (IDDM/NIDDM), Hypertension, Pregnancy, HIV/AIDS, Asthma, Seizures, Diagnosed Mental Illness, CHF, Hepatitis.

Patient's Name (Last/First/Middle): Huffman, James.

ID#: 33089 DOB: 10/29/53 Sex: M Intake Date/s: _____

Date Problem Identified/Dx	Chronic Condition	M.D. Comments	Date Of Initial M.D. Eval	M.D. Initials
11/1/05	H7N			N
11/1/05	Depression			N

H & P Date: 1/3/06 Allergies: NKA

PPD Test Date: 1/3/06 PPD Results Date: 1/5/06 PPD Results: 0 mm

Facility Name: Antauga Co Jail
Revised 02/18/04 J.C.

DATE:

5/40/05

9/13/05

Has been in town for 2 days.

Takes Plavix 75, 2000, ranax 2mg bid,
Got out of Cooper Green lot on 8/18.PMH: medical - 2 stents - saw Triller -
ME Jan, '04
Anxiety -

surgery - ruptured spleen - 11/04

Back -

ST: still smokes 1/2 pack.

PB in BP 148/96

lungs - clear

W - RRR 5 @

Lungs

sup 40 6/25 6

Lungs 40

ranax 2mg bid

2000

Naproxen

naproxen

A: ASCVD

Plan - P Plavix 75 daily,
naproxen 40~~naproxen~~

paxil 40 @ night.

Vasopressin 20 bid.

Atax 25 bid.

1/9

NAME

Huffman JAMES

DATE
OF BIRTH

PG#

Formedic

DATE - TIME

HT

CP

CODE

WT

BMI

BP

P

T

ALLERGIES

9/29/05

He here got his heart meds last week.

Was on Plavix 75, 2000, metoprolol,
Danzon 150, sgan 600 2x/60
Xanax 2 mg bid.

PE: /

A: ASCD

Plav - will A changed to daily
@ night.

10/6/05

Not sleeping - Not on
any pain for rest @ night
Xanax.

PE: / @

A: ASCD

Plav - daily 100 hrs.

/ 5

In COPD maintenance therapy

COMBIVENT

INHALATION AEROSOL

Vial

See the patient information



Blood Pressure Record Form

Inmate's Name: Huffman, James D.O.B.: 10/29/53.

Orders/Instructions: BP ✓ 9 wk. Have M.D. review findings upon visit

Physician: _____

Administrator: _____

[illegible][illegible]



INMATE SICK CALL SLIP – MEDICAL REQUEST

RECEIVED
12/15/05

TO BE COMPLETED BY INMATE: Please complete the top half of the Sick Call Slip and return it to the correctional officer and/or medical staff for submission and review by the medical staff. The medical staff will arrange for you to be seen by the appropriate medical staff member. You will be charged in accordance with the medical co-pay system at this facility.

Today's Date: 12/10/05 Pod/Location: 4D Cell: 403 ID# 29089

Inmate's Full Name: James G. Huffman

Complain/Problem: My cardiologist, i.e., Doctor Finlea told me after my heart surgery that I needed to take Plavix every day for life, why was I taken off of it? There could be any medical reason
How long have you had this problem? Since taken off Plavix

Inmate's Signature: James G. Huffman Date: 12/10/05

TO BE COMPLETED BY MEDICAL STAFF:

Note Patient's Vital Signs: Temp 97.9 Resp 18 Pulse 93 B/P 118/77

Instructions/Assessment: Document your findings, Inmate's responses/actions Pt education on meds being taken. Advised I/m to have Plavix brought from home, to take own meds.

- ☐ Received Orders – thru Treatment Protocols; via telephone order; via verbal order
- ☐ Follow-Up Required? If checked, date to be seen again _____
- ☐ Chronic Condition
- ☐ Inmate to be charged through medical co-pay for this visit

Date Seen by Medical: 12/16/05 Seen by: R

Place original form in patient's medical record.


12/10/05

~~OFF~~

I WAS TAKEN OFF OF THIS IMPORTANT MEDICATION I NEED TO BE TOLD WHAT MEDICAL REASON EXIST TO MERIT MY ARBITRARILY AND CAPRITIOUSLY BEING TAKEN OFF OF THIS MEDICINE.

I ALSO WANT TO KNOW WHAT OTHER MEDICATIONS HAVE BEEN PRESCRIBED FOR ME, AS NONE ARE WHAT MY CARDIOLOGIST AND PHYSICIANS GAVE ME.

THANKS

James 

MEDICAL HISTORY & PHYSICAL ASSESSMENT

glasses

Problems	Yes	No	Problems	Yes	No	Problems	Yes	No
Vision	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hypertension	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Gonorrhea	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Hearing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Anemia	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Syphilis	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Balance/Dizziness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Blood	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Muscle Problem	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Blackouts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stomach Pain	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Joint Problem	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
DT's	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Heartburn	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Arthritis	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Headaches	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ulcer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other		
Seizures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Nausea/Vomiting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other		
Nervous Disorder	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Gall Bladder	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Regular Menstrual Period		
Throat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Liver	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Irregular Menstrual Period		
Teeth	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	# of days Menstrual Period		
Asthma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	LMP		
Hay Fever	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Kidney Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Gravida/Para		<i>N/A.</i>
Pneumonia	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Bladder Infection	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Last Pap		
Tuberculosis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Trouble Voiding	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Contraception		
Heart	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pediculi (lice)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other		

Bottom RT molar

stitch 2005

gall pan

EXAM:

Age 52 Sex M Race W Ht. 6' 0" Wt. 165

Pulse 71 BP 135/69 Temp. 98.2 Resp. 18

Area/Type	N	A/Comment	Area/Type	N	A/Comment
Skin: Color Condition Turgor Recent Inj.		<i>normal</i>	Chest (Breasts): Configuration Auscultation Respirations Cough/Sputum		<i>normal</i>
Head: Glasses Pupils Sclera Conjunctiva Vision		<i>normal</i>	Heart: Auscultation Radial pulses Apical pulse Rhythm		<i>normal</i>
Ears: Appearance Canals Hearing		<i>normal</i>	Extremities: Pulses Edema Joints		<i>normal</i>
Mouth: Teeth/Gums Dentures Plates Throat Tongue Tonsils		<i>normal</i>	Abdomen: Shape Palpation Hernia Bowel Sounds		<i>normal</i>
Nose		<i>normal</i>	Spine		<i>normal</i>
Neck: Veins Mobility Thyroid Carotids Lymph nodes		<i>normal</i>	Genital/Urinary System		<i>normal</i>

LABORATORY TESTS

	Date & Initial	Results
Was PPD planted and read timely?	<u>1/3/06</u>	<i>+</i>
VDRL / RPR		
Other Lab Tests needed:		
Pregnancy Test?		

MENTAL HEALTH OBSERVATION

	N	A/Comment
Orientation (person, place, time)		<i>normal</i>
General appearance (motor behavior, mannerisms)		<i>normal</i>
Affect (mood)		<i>normal</i>
Content of thought, history of suicide, present thoughts of suicide		<i>normal</i>

Physical Examiner's Signature: A. Henry MDDate: 1/3/06Physician's Signature: [Signature]Date: 1/5/06

ADMISSION DATA / HISTORY AND PHYSICAL FORM

135169
71.

Exam Date: 1/3/06 S.S.#: 418-78-9424 ID#: _____
 Inmate Name: Huffman, James Date Booked: _____
 Alias: _____ County: Autauga
 Address: 1310 Hall Ave, Bessemer, AL 36020
 Telephone: _____ Birthdate: 10/29/53 Religion: _____
 Education Completed: B.A. Alabama Science Special Education: _____
 Marital Status: (S) M W D Separated Read/Write English: (YES) NO Other: _____
 Previous Incarcerations: (Facility/Date) Dallas CO, 2004-2005

MEDICAL HISTORY

Notify in Emergency: Blankenship Louie Uncle
 Address: 2562 Winchester Rd, Mont AL 36106 Phone: 396-8414
 Health Insurance: _____
 Family Physician: DR. Linkelea, Mont AL
 Past Hospitalizations (include surgeries): Heart, 2005. stints in Heart.
 Head Injury with Loss of Consciousness: NO Last Tetanus: 2005 Immunization: _____
 Allergies: Codiene
 Current Medication(s): _____

MENTAL HEALTH EVALUATION

Hospitalization for Mental Health Reasons: YES (NO) If Yes, Why: _____
 Where: N/A When: _____
 Psychotropic Meds (Specify type and last dose): N/A yes
 Prior Counseling/Out-Patient Treatment for: Yes. Anxiety
 Where: Cahaba mental health, Selma AL When: Bipolar - 2005
 Have you ever attempted suicide: NO How: _____ When: _____
 Have you recently considered committing suicide? NO
 Do people consider you a violent person? NO
 Have you ever been arrested for a violent crime/sexual offense? (Specify) NO
 Street drugs: NO Smoker: yes, 2 pack a day EtOH: NO
 Inmate's Signature: James Huffman Date: 10/03/06
 Interviewer's Signature: A. Hawley Date: 1/3/06
 Witness: (if physical is refused): _____ Date: _____



HEALTH
PARTNERS

TB SKIN TEST VERIFICATION FORM

Prior to administering the TB skin test, please complete the information below. After administering the TB skin test, place this form in a central location for the test to be read within 72 hours. Once all information has been completed, file this completed form in the patient's medical record.

Inmate Name: Huffman, James. Cell # 3
 SS# 418-78-9424 DOB 10/29/53 ☒ Male or Female

Date of TB Skin test: 1/3/06 Done by Nurse: A. Norky, RN
 Previous Positive: YES or ☒ NO Previous Therapy: YES or ☒ NO

TEST TO BE READ WITHIN 72 HOURS - COMPLETE BELOW INFORMATION:

Date TB Skin test was read: 1/5/06 Done by Nurse: B. Can

Number mm: 0 Referral for Chest X-ray: YES or ☒ NO If yes, Date of CXR: _____

Comments: _____

READ IN HALF

READ IN HALF

Southern Health Partners, Inc.
TB Consent Form

Exp. Date #:	5/07.
Results:	0

Tuberculosis Screening and Treatment

What is Tuberculosis:

Tuberculosis ("TB") is a serious, infectious (transmitted through the air) disease that most commonly affects the lungs. In the lungs, the bacteria destroys elastic lung tissues and is replaced with fibrous connective tissues. The general symptoms of active TB are often subtle, unnoticeable and may include: Fatigue; Weight Loss; Fever; Chills; and Night Sweats. Symptoms of TB in the lungs may include: a persistent cough; chest pain; and coughing up blood. Although TB is preventable and can be cured with proper medication, 5% to 10% of those with active TB will die from the disease. This is usually due to patients not taking their medications correctly or improper drug treatment. TB is usually diagnosed through the use of the Mantoux tuberculin skin test. In this test, a dose of purified protein derivative from the Tubercle bacilli, which is non-infectious, is injected into the upper layer of skin on the inside of the forearm. Forty-eight to 72 hours after the injection, the test site is examined. In most cases a hardened area of tissue 10 millimeters or larger is considered an indication of infection with TB, but it is not necessarily an indication of having active TB. Chest x-rays and sputum smears and cultures are used to test for active TB.

There are several high risk groups in the US that are known to have a high rate of TB. They include:

- The homeless;
- Alcoholics;
- The elderly;
- IV drug users
- Prison inmates
- Persons with HIV infections/AIDS

Screening:

Upon consent, all new inmates who are processed into jail, without written proof of receiving TB testing in the past year, will receive purified protein derivative (PPD) during the health screening. A nurse will read the PPD forty-eight (48) to seventy-two (72) hours afterwards and document the results in the patient's medical file. The patient will be instructed during the health screening to the necessity of follow-up medical care, the results (both positive or negative) and treatment which may be necessary.

Treatment:

During the screening, if a patient states he/she is past positive, we will not plant PPD, but will obtain a chest x-ray to see if the tuberculosis is active. When a nurse reads a positive PPD, a chest x-ray will be ordered as per physician protocol. The patient will receive information regarding the test results, symptoms of TB, proposed treatment, and follow-up care, etc.

Should the chest x-ray suggest active TB, the local Health Department, SHP Medical Team Administrator, and SHP corporate office should be notified immediately. Initiating therapy/treatment should begin under the recommendations of the local Health Department and in conjunction with the jail physician. The jail will immediately segregate the patient from general population. All people who have come in contact with the patient will have a skin test. The patient will have restricted movement and visitors in the jail, and will be required to wear a mask at all times during contact with staff and/or other persons, until subsequent tests prove no longer infectious.

All new inmates who are processed into the jail, who are on treatment and deemed not infectious will be housed in general population. If a patient is released from Jail during therapy, the local Health Department will be notified and provided with the patient's release location and/or the patient's last known address.

Consent for Testing/Treatment:

I hereby give my consent for TB testing and/or treatment, if needed. I have read and understand the above information regarding testing and treatment procedures.

Signature: _____

Date: 1/3/06.

Witness: _____

Date: 1/3/06.

Confidential Medical Information

MEDICAL STAFF RECEIVING SCREENING FORM

Southern Health Partners, Inc.

LAST NAME TIME AM/PM	FIRST NAME	MIDDLE	INTAKE DATE	SCREENING DATE
Huffman	James			
PREVIOUS INCARCERATIONS		SEX	SOCIAL SECURITY NO.	DOB
Antigua 06.		M.	418-78-9424	10/29/53
CURRENT INSURANCE COVERAGE(S)		CURRENTLY UNDER PHYSICIAN'S CARE FOR CHRONIC CONDITION		
BC/BS				

VISUAL / MEDICAL OBSERVATION: (Explain all "Yes" Answers) Circle Y or N:

	YES	NO
Is inmate unconscious or showing visible signs of illness, injury, bleeding, pain, or other symptoms suggesting the need for immediate emergency medical referral? If yes:	Y	(N)
Are there any visible signs of fever, jaundice, skin lesions, rash, or infection: cuts, bruises, or minor injuries; needle marks, body vermin? If yes:	(Y)	N
Does the inmate exhibit any signs that suggest the risk of suicide, assault, or abnormal behavior? If yes:	Y	(N)
Does the inmate appear to be under the influence of, or withdrawing from drugs or alcohol? If yes:	Y	(N)
Is the inmate's mobility restricted in any way due to deformity, cast, injury, etc. If yes:	Y	(N)

ASK THE INMATE THESE QUESTIONS: (Explain all "Yes" answers)

Have you had or been treated for: (circle as appropriate) asthma, diabetes, epilepsy, heart condition, high blood pressure, mental health problems, seizures, ulcers, or other conditions? Other:	(Y)	N
Have you taken or are you taking any medication(s) prescribed for you by a physician? If yes:	(Y)	N
Are you allergic to any medications, foods, plants, etc.? <u>codeine</u> If yes:	(Y)	N
Have you fainted or had a head injury within the last 72 hours? If yes:	Y	(N)
Do you have or have you been exposed to AIDS, hepatitis, TB, VD, or other communicable disease? If yes:	Y	(N)
Have you been hospitalized by a physician or psychiatrist within the last year? If yes: <u>Birmingham AL</u>	(Y)	N
Have you ever considered or attempted suicide? If yes:	Y	(N)
Do you have a painful dental condition? If yes:	(Y)	N
Are you on a specific diet prescribed by a physician? If yes:	Y	(N)
Do you use drugs? How often? Last time? How much?	Y	(N)
Do you use alcohol? How often? Last time? How much?	Y	(N)
Females: LMP Date: Are you pregnant, recently delivered or aborted; on birth control pills; having abdominal pain or discharge? If yes:	Y	(N)

NOTE VITAL SIGNS:

Respiration: 18	Pulse: 75	Temperature: 98.6	Blood Pressure: 109/59
-----------------	-----------	-------------------	------------------------

HAVE ALL CONCERNS FROM OFFICER INTAKE FORM BEEN ADDRESSED WITH INMATE? yesARE ALL STATED CHRONIC CONDITIONS NOTED: yesPPD IMPLANTED? Y OR (N) ARM LOCATION: R OR L IS H&P SCHEDULED FOR 14 DAYS: noREMARKS: Bruising bilateral groin area Done on 1/3/06
from Heart Bkth.

I have answered all questions truthfully. I have been told and shown how to obtain medical services and advised on how to obtain medication upon release. I hereby give my consent for professional services to be provided to me by and through Southern Health Partners, Inc.

Inmate's Signature: James E HuffmanDate: 5-1-06Interviewer's Signature and Title: RA

Date: _____

DEA NO. _____ RX NO. _____
 PATIENT James Huff ALA. CSC NO. _____
 ADDRESS _____ DATE 4/26/06
 AGE _____

- REFILL 0X
- 1) Plavix 75g 7 po qd #30
 - 2) Monopril 20g 7 po qd #30
 - 3) Zocor 40g 7 po qhs #30
- X Refill

Dr. J. Huff LABEL BY NAME AND STRENGTH
 M.D. _____
 Product Selection Permitted Dispense As Written M.D. _____

Walt Duggitt PA-C 409/Dr. McBrye

SM-91-5067 #A01078 REV 2/02/05

☐ SOUTH 286-2843
☐ EAST 244-8448
☐ PRATTVILLE 361-4239



**Baptist Health
Emergency**



B0611900267 HUFFMAN, JAMES G
 DOB: 10/29/53 Age: 52Y MR #: 319167
 Admit Date/Time: 04/29/06 1755P
 915 FALERO, WALLACE G

RESCRIPTION FORM

Weight	Phone	Allergies	Location South
MEDICINES PRESCRIBED <input type="checkbox"/> If non, check this box: <input type="checkbox"/>			VOID IF NOT PRINTED WITH CRANBERRY BACKGROUND.
Name/Strength	Number	Schedule / Duration	Refills
1. <i>Ultram D</i>	<i>#30</i>	<i>7-11 PM q 4 hrs prn</i>	<input type="checkbox"/>
2. <i>Prozac</i>	<i>90</i>	<i>1 PM q 12 hrs</i>	<input checked="" type="checkbox"/>
3. <i>Prozac</i>	<i>90</i>	<i>1 PM q 12 hrs</i>	<input type="checkbox"/>
4. <i>Prozac</i>	<i>90</i>	<i>1 PM q 12 hrs</i>	<input type="checkbox"/>
5. <i>Prozac</i>	<i>90</i>	<i>1 PM q 12 hrs</i>	<input type="checkbox"/>

Emilio Belmont AL - 22654 DEA - BB5285248	Joel Sullivan DE - A52920066 APRN - 10094	Ronald A. Shaw AL - 8308 DEA - AG5846813	Julio Enrique Rios APRN - 21678 DEA - BP2471326	Wallace Falero AL - 9405 DEA - AF1692119	James M. Bradwell DEA - BB5422056 AL - 22757
David G. Alexander DO - 837 AA3259228	John McConaughy DE - AM6899110 APRN - 7151	Jessie Austin DE - AA8364075 APRN - 8696	Tom Decaro DE - AD2828855 APRN - 11389	Henry Kunsch III DE - AK2572116 AL - 22186	David A. Hines QR2531166 22203
Victoria L. Beckman DE - BB6253385 AL - 22440	Steven G. O'Mara DE - BQ1280074 DO - 713	Brad Frisbie DE - BF2524583 APRN - 15388	Thomas Arnold DE - AA8548559 APRN - 18275	Paul Tanaka APRN - 7153 DE - 8926-898	M.D./D.O.

Label all prescriptions
 No refills

Product Selection Permitted

Dispense as Written

898-0082 (06/02)



INMATE SICK CALL SLIP – MEDICAL REQUEST

TO BE COMPLETED BY INMATE: Please complete the top half of the Sick Call Slip and return it to the correctional officer and/or medical staff for submission and review by the medical staff. The medical staff will arrange for you to be seen by the appropriate medical staff member. You will be charged in accordance with the medical co-pay system at this facility.

Today's Date: 05-10-06 Pod/Location: D-3 Cell: _____ ID#: _____

Inmate's Full Name: JAMES GRANT HUFFMAN

Complaint/Problem: I have an abscessed tooth, a molar, on the right bottom jaw that is very swollen and has pus in and around it. I need something for infection and pain & to see a dentist.
How long have you had this problem? for about 2 days

Inmate's Signature: James G Huffman Date: 05/10/06

TO BE COMPLETED BY MEDICAL STAFF:

Note Patient's Vital Signs: Temp 98 Resp 20 Pulse 71 B/P 135/83

Instructions/Assessment: Document your findings, Inmate's responses/actions Abscess (P) 6 molar
Keflex 500mg BID x 7 days Paracetamol BID x 7 days per tx
protocol. Added to dental list - M. Oak Kn

☒ Received Orders – thru Treatment Protocols; via telephone order; via verbal order

☐ Follow-Up Required? If checked, date to be seen again _____

☐ Chronic Condition

☒ Inmate to be charged through medical co-pay for this visit

Date Seen by Medical: 5/12/06 Seen by: M. Oak Kn

Place original form in patient's medical record.

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with
ners

Corporate Office: 3712 Ringgold Rd., #364, Chattanooga, TN 37412

Phone: (423) 553-5635 Fax: (423) 553-5645

PATIENT REFERRAL INFORMATION FORM

The patient is currently incarcerated at the jail facility listed below. Patient has been referred to your ER/Facility regarding his/her symptoms or conditions listed below. All subsequent tests, procedures, and outpatient services other than requested service must be communicated and approved by the medical contact person at the jail facility to ensure justification. Failure to notify the medical contact person may result in denied benefits and/or possible denial of payment. If hospital admission is necessary, please communicate any and all medical information as well as an estimated length of stay to our Utilization Review Department at our corporate office at the # listed above. Certification, justification, and treatment plan of continued services must be obtained to guarantee payment of the claim. Please, note we have a NO NARCOTIC policy at the jail due to the uncontrolled access to medications within the facility. Please, refer to our site medical staff for formulary adherence. Thank you for your cooperation in this matter.

TO BE COMPLETED BY THE MEDICAL STAFF AT THE JAIL/PRISON:

Adm. Date/Time: 5/24/06 Patient's Name (Last/First): Huffman, James
 11:00 AM
 DOB: 10/29/53 SS#: 418-78-9424 Sex ☒ M ☐ F Inmate Loc: 3
 Treating Facility/Site: Putauga Metro Appt. Destination: Dentist - Dr. Roberson
 Ext. Address & Phone #: _____
 Medical Contact (RN/LPN): TINA Ellis, MTA Site Physician: Dr. Nichols
 Medical Unit Phone #: 334-358-3729 Site Medical Unit Fax #: 334-358-4827
 Reason For Referral: (Include Hx of illness/injury, present and past treatment with patient results, lab and/or x-ray results, findings from physical exam, patient limitations, allergies, medications, etc.)
Tooth Decay - Extraction?
 Service Requested: EVAL/TX

TO BE COMPLETED BY THE REFERRAL STAFF AND RETURNED WITH INMATE BACK TO THE FACILITY:

Findings: infected tooth # 29, #30 - R X ray
 Planned Treatment: 4. Lidocaine - extracted # 29, #30
 Hospital Physician Orders: _____
 Hospital Contact (Include Phone #): _____ Notes: _____

Please, return this form with the correctional staff upon discharge of the patient or fax directly to the site fax # listed above. If inpatient hospitalization is required, medical staff MUST be notified immediately.

Justification for payment of services is only guaranteed during the time of actual confinement of the inmate under the custody of the above jail/prison and under the terms of our County contract.



INMATE SICK CALL SLIP - MEDICAL REQUEST

TO BE COMPLETED BY INMATE: Please complete the top half of the Sick Call Slip and return it to the correctional officer and/or medical staff for submission and review by the medical staff. The medical staff will arrange for you to be seen by the appropriate medical staff member. You will be charged in accordance with the medical co-pay system at this facility.

Today's Date: 05/17/06 Pod/Location: D-3 Cell: _____ ID# _____

Inmate's Full Name: JAMES G. HUFFMAN

Complaint/Problem: I AM STILL HURTING REAL BAD IN MY GROIN WHERE I WAS HURT BY THE SURGEONS

DURING MY HEART CATH, IT BURNS AS WELL AS CRAMPS DOWN THERE, SOMETHING IS WRONG!

How long have you had this problem? SINCE SURGERY ON 04/28/06!

Inmate's Signature: James G. Huffman

Date: 05/17/06

TO BE COMPLETED BY MEDICAL STAFF:

Note Patient's Vital Signs: Temp 97° Resp 20 Pulse 92 B/P 126/71

Instructions/Assessment: Document your findings, Inmate's responses/actions I/m not in acute distress @ this time - will let Dr. Nichols evaluate - Added to MR list - M. Oak
Late Entry - Dr. Nichols saw this pt on 5-11-06
so this will be a follow up

- ☐ Received Orders - thru Treatment Protocols; via telephone order; via verbal order
☐ Follow-Up Required? If checked, date to be seen again _____
☐ Chronic Condition
☐ Inmate to be charged through medical co-pay for this visit

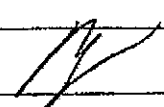
Date Seen by Medical: 5/19/06 Seen by: M. Oak

Place original form in patient's medical record.

I'VE HAD 4 F. EVIDOUS CATH'S DO'E AND I'VE
NEVER HAD THE PROBLEMS I AM HAVING NOW,
I'M IN SEVERE PAIN, AND NEED TO BE EITHER
X-RAYED OR HAVE AN ULTRASOUND DONE ON
ME BECAUSE SOMETHING IS TERRIBLY WRONG!
PLEASE HELP ME.

Thank you,
James G. Huffman

PROGRESS NOTES

DATE	NOTES SHOULD BE SIGNED BY PHYSICIAN
5/11/06	<p>Back in jail since 4/30.</p> <p>Had a heart cath in Alastor on 4/23 & D/C'd on 4/27. Had PTCA & stent.</p> <p>Have had a lot of pain in left groin & testicle, swollen a little. When kept off feet in PTCA & was he passed out & had to have blood; stopped at Jackson in emergency - ? got some blood. Still swollen in groin.</p> <p>PE: /</p> <p>The heart is. Lungs on left vs. heart vs. everything in inguinal canal.</p> <p>A: ABCD</p> <p>PTCA</p> <p>Play → same R.</p> <p>5/25/06 Still pretty sore in left inguinal area. Also have some fullness in upper abdomen.</p> <p>PE: /</p> <p>① tender epigastrium</p> <p>② tender on left lower area. No heme/ste-</p> <p>A: ABCD</p> <p>Gastric</p> <p>Play → 2x 150 mL x 10 d.</p> <p>Doctor's Signature: </p>



Corporate Office: 3712 Ringgold Rd., #364, Chattanooga TN 37412 Phone: (423) 553-5635 Fax: (423) 553-5645

PATIENT REFERRAL INFORMATION FORM

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TO BE COMPLETED BY THE MEDICAL STAFF AT THE JAIL/PRISON:DATE: 5/30/06 PATIENT'S NAME (LAST/FIRST): Huffman, JamesHOUSING FACILITY/SITE: Autauga Metro JailD.O.B.: 10-29-53 SEX: (M) F S.S.#: 418-78-9424 I.D.#: 33089SITE PHYSICIAN: K. Nichols SITE MEDICAL CONTACT (RN/LPN): Lina Ellis, MTA
3729SITE MEDICAL UNIT PHONE #: 334-358-~~0000~~ SITE MEDICAL UNIT FAX #: 334-358-4827

REASON FOR REFERRAL: (INCLUDE HX OF ILLNESS/INJURY, PRESENT AND PAST TREATMENT WITH PATIENT RESULTS, LAB AND/OR X-RAY RESULTS, FINDINGS FROM PHYSICAL EXAM, PATIENT LIMITATIONS, ETC.):

Severe Chest painSERVICE REQUESTED: Eval.**TO BE COMPLETED BY THE REFERRAL STAFF AND RETURNED WITH INMATE BACK TO THE FACILITY:**FINDINGS: Normal LKG & labsPLANNED TREATMENT: Return to jail - Return for problem - needsER/HOSPITAL PHYSICIAN ORDERS: to follow up withER/HOSPITAL CONTACT (INCLUDE PHONE NUMBER): BMC Prison Health
361-4239

NOTE(S):

Joel Sullivan, MD
AL10084
DEA A82020088

PLEASE RETURN THIS FORM WITH THE CORRECTIONAL STAFF UPON DISCHARGE OF THE PATIENT OR FAX DIRECTLY TO THE SITE FAX NO. NOTED ABOVE. IF INPATIENT HOSPITALIZATION IS REQUIRED, MEDICAL STAFF MUST BE NOTIFIED IMMEDIATELY. THANK YOU.

☐ SOUTH 286-2843
☐ EAST 244-8448
☐ PRATTVILLE 361-4239

F0615000782 HUFFMAN, JAMES G
 DOB: 10/29/53 Age: 52Y MR #: 191817
 Admit Date/Time: 05/30/06 1929P
 917 SULLIVAN, JOEL C

ptist
 LTH

ER PRESCRIPTION & DISCHARGE INSTRUCTIONS

Page 1 of 3

PRESCRIPTION FORM

Weight	Phone	Allergies	Tetracycline	Location SOUTH
MEDICINES PRESCRIBED		If non, check this box: <input type="checkbox"/> VOID IF NOT PRINTED WITH CRANBERRY BACKGROUND.		

Name/Strength;	Number	Schedule / Duration	No Refills	Refills
1. Plavix #30 i po daily			<input checked="" type="checkbox"/>	
2.			<input type="checkbox"/>	
3.			<input type="checkbox"/>	
4.			<input type="checkbox"/>	
5.			<input type="checkbox"/>	

Dante DeJesus
 DEA - BD 9322083
 AL 26777

Joel Sullivan
 DEA - AS2020066
 ARN - 10084

Ronald A. Shaw
 DEA - BR2471326
 AL - 6388

Julio Enrico Rios
 DEA - BR2471326
 ARN - 21678

Wallace Fatera
 DEA - AF1692119
 AL - 9405

James M. Bradwell
 DEA - BB6422086
 AL - 22767

David G. Alexander
 DO - 657
 AA3259226

John Moorehouse
 DEA - AM0869119
 ARN - 7151

Jesse Austin
 DEA - AD8394075
 ARN - 8595

Julian Mahaganasan
 DEA - BM7657121
 AL 24516

George Smith
 DEA AS2179706
 AL 11413

James Thomas
 DEA - BT3642838
 DO 974

Victoria L. Beckman
 DEA - BB6253885
 AL - 22440

Carlos Gutierrez
 DEA - BG6816203
 AL 24653

Joshua Kolbus
 DEA - BK6520724
 AL 26945

James Matlo
 DEA BM3360536
 AL 17681

David Hines
 DEA BH2531160
 AL 22703

LABEL ALL PRESCRIPTIONS
 No Refills

Product Selection Permitted

M.D./D.O.

Dispense as Written

M.D./D.O.



ER PRESCRIPTION & DISCHARGE INSTRUCTIONS

Page 3 of 3

DISCHARGE INSTRUCTIONS - MEDICAL CHART

Weight	Phone	Allergies	Location SOUTH
MEDICINES PRESCRIBED		If non, check this box: <input type="checkbox"/>	VOID IF NOT PRINTED WITH CRANBERRY BACKGROUND.
Name/Strength;	Number	Schedule / Duration	No Refills
1.			<input type="checkbox"/>
2.			<input type="checkbox"/>
3.			<input type="checkbox"/>
4.			<input type="checkbox"/>
5.			<input type="checkbox"/>

INSTRUCTIONS SHEET(S) GIVEN		<input type="checkbox"/> Head Injury <input type="checkbox"/> Otitis Media <input type="checkbox"/> Sprains / Bruises <input checked="" type="checkbox"/> ST	<input type="checkbox"/> Threatened Ab <input type="checkbox"/> Vomiting / Diarrhea <input type="checkbox"/> Wound Care <input type="checkbox"/> Other(s)	Return for signs of infection Increased Redness Increased Swelling Increased Drainage Increased Heat
<input type="checkbox"/> Asthma <input type="checkbox"/> Back Pain <input type="checkbox"/> Cast/ Splint Care	<input type="checkbox"/> Crutches <input type="checkbox"/> Fever <input type="checkbox"/> Fracture			

Additional Instructions:
 Return to school
 7/1/06

Referred to: <input type="checkbox"/> Dr. <u> </u> Phone: <u> </u> <input type="checkbox"/> Call on next business day for follow-up appointment in <u> </u> days / weeks <input type="checkbox"/> Next available	<input type="checkbox"/> Return to Emergency Dept in <u> </u> hours / days for recheck. <input type="checkbox"/> If no improvement or your condition worsens, call your private physician or return to the Emergency Department for a recheck. <input type="checkbox"/> Learning needs assessed <input type="checkbox"/> Instructions Modified <input type="checkbox"/> Education provided on new Medication <u> </u>
--	--

I understand that the treatment I have received was rendered on an emergency basis and is not meant to replace complete care from a primary care provider or clinic. Furthermore, I many have been released before all of my medical problems were apparent, diagnosed, and/or treated. If my condition worsens, I have been instructed to call my primary care provider or return to this facility or the nearest emergency center. I understand that I should NOT drive or perform hazardous tasks if my medication or treatment causes drowsiness. I have read and understand the above, received a copy of this form and applicable instruction sheets, and I will arrange for follow-up care. If diagnostic tests indicate a need for modification in therapy, you will be notified at the phone number you provided.

X James C Huffman Patient
 Relative
 Other
 Time Released: hrs

INSTRUCTED BY: <u> </u>	PHYSICIAN: <u> </u>
--	--

WORK/SCHOOL STATEMENT from the Emergency Department	
PATIENT	DATE
<input type="checkbox"/> Patient was seen by Dr. <u> </u> <input type="checkbox"/> No athletics / physical education: <u> </u> days <input type="checkbox"/> May return to work/school without restrictions <input type="checkbox"/> Will require time off work / school. Estimated time: <u> </u> days* <input type="checkbox"/> Must be reevaluated by family / occupational physician before returning to school / work.	<input type="checkbox"/> May return to restricted duties for <u> </u> days* Restrictions: <u> </u> <input type="checkbox"/> <u> </u> was here with relative/child. <input type="checkbox"/> Other <u> </u>

Time off from school or work longer than three days should be approved by a Personal or Company/Occupational Medicine Physician, unless otherwise stated



ER 160

PROGRESS NOTES

Last Name	First Name	Attending Physician	Room No.	Hosp. No.
Huffman,	James.	Nichols.		
Date	Notes Should Be Signed by Physician			
5/3/06	<p>I/m brought up to medical, for 90% of S.O.B. R.20, P.88. BP 112/74. I/m has not 40% of pain to chest stated he reached out c arm to catch himself and he thinks that is what made his chest sore. put I/m up in also for monitoring for a hour or two. Will monitor. A. H. Only UP.</p> <p>6/3/06 I/m came to Med room claiming his chest was hurting + had a heaviness feeling in chest. I/m stated pain was radiating down (D) arm - I was having trouble breathing. Checked I/m's VS - BP 164/120 P102, gave one nitro-quick under tongue, waited 5 minutes / VS again BP 92/56 P-107, I/m stated he was still hurting, gave another 2nd Nitro-quick, / VS 3rd time BP 135/102 P-127, called Dr. Nichols + he gave TD to send to E.R. for eval. Called J. Ellis, MRA</p>			



PARTNERS

INMATE SICK CALL SLIP – MEDICAL REQUEST

TO BE COMPLETED BY INMATE: Please complete the top half of the Sick Call Slip and return it to the correctional officer and/or medical staff for submission and review by the medical staff. The medical staff will arrange for you to be seen by the appropriate medical staff member. You will be charged in accordance with the medical co-pay system at this facility.

Today's Date: 06/28/06 Pod/Location: 6 pod Cell: floor ID# _____

Inmate's Full Name: James Grant Huffman

Complaint/Problem: I am experiencing severe pain in my back, neck and hip from the injuries I received when I was pushed down the stairs in 3 pod when I was assaulted by another inmate on June 26, 2006
How long have you had this problem? Since I was assaulted on 06/26/06

Inmate's Signature: _____ Date: _____

TO BE COMPLETED BY MEDICAL STAFF:

State Patient's Vital Signs: Temp _____ Resp _____ Pulse _____ B/P _____

Instructions/Assessment: Document your findings, Inmate's responses/actions _____

M.D.

Received Orders – thru Treatment Protocols; via telephone order; via verbal order
Follow-Up Required? If checked, date to be seen again _____

Chronic Condition _____

Inmate to be charged through medical co-pay for this visit

Seen by Medical: _____ Seen by: _____

See original form in patient's medical record.

[Signature]

PROGRESS NOTES

DATE	NOTES SHOULD BE SIGNED BY PHYSICIAN
4/29/06	
	Got pushed down the stairs yesterday.
	Fell from the top to the bottom.
	Has pain in his lower back on the
	left. Goes down back of @ Thigh.
	PE: @ tends to spasm left lumbar
	area.
	Hx: Back pain.
	Plan → medrol dose. pk, Pen Motin @ 1200
	back bid. x 7 days
	Robaxin 750 2 bid x 7 days.

Doctor's Signature: _____

NAME-Last

First

Middle

Attending Physician

Record No.

Room/Bed

PROGRESS NOTES



INMATE SICK CALL SLIP - MEDICAL REQUEST

3rd Sick call request about ankle
07/04/06

TO BE COMPLETED BY INMATE: Please complete the top half of the Sick Call Slip and return it to the correctional officer and/or medical staff for submission and review by the medical staff. The medical staff will arrange for you to be seen by the appropriate medical staff member. You will be charged in accordance with the medical co-pay system at this facility.

Today's Date: 07/04/06 Pod location: 5 Cell: 507 ID# 76363

Inmate's Full Name: JAMES G. HUFFMAN

Complaint/Problem: My ankle on the left leg is swollen and I can not put weight on it because of the severe pain. It needs to be X-rayed, also my back is hurting real badly since I was pushed down the stairs in 3 pod by Robert Millwood.

How long have you had the problem? Since June 26, 2006 when pushed down stairs in 3 pod
Inmate's Signature: James G. Huffman Date: 06/07/06

TO BE COMPLETED BY MEDICAL STAFF:

ordered X-ray
& already on IBL

Inmate's Vital Signs: Temp _____ Resp _____ Pulse _____ B/P _____

Instructions/Assessment: document your findings, inmate's responses/actions

Received Orders -- ☐ Treatment Protocols; via telephone order; via verbal order

Follow-Up Required? ☒ checked, ☐ to be seen again

Chronic Condition _____

Inmate to be charged through medical co-pay for this visit

Seen by Medical _____ Seen by: _____

See original form in patient's medical record.

**SOUTHERN RADIOLOGY SERVICES, LLC
X-RAY REPORT**

DATE	LAST NAME	FIRST NAME	MI
7/5/2006	HUFFMAN	JAMES	
D.O.B.	SEX	FACILITY	
		SHP-AUTAUGA CO JAIL	
ORDERING PHYSICIAN		X-RAY NO.	
NICHOLS			

LEFT ANKLE, TWO VIEWS, 07/05/06: Anterior tibial and dorsalis pedis artery calcifications are present. No fracture, dislocation or any significant bony abnormality identified.

DICTATED BUT NOT REVIEWED

Randall Finley, M.D./pag

tt: 7/5/2006 1:53:24 PM

td: 7/5/2006 1:41:33 PM

MDAT (4)

J9

PLEASE PRINT

PATIENT: <u>Huffman Jones</u>		RESPONSIBLE PARTY INFORMATION (MUST BE COMPLETED FOR ALL PATIENTS)	
DOB: <u>10/29/53</u> SEX: <u>M</u> F ROOM #: _____	NAME: _____	PHONE #: () _____	
FACILITY: <u>Autauga Metro</u> CODE: _____	ADDRESS: _____		
PHONE: <u>334-358-3729</u> FAX: <u>334-358-4827</u>	CITY: _____	STATE: _____	ZIP: _____
SSN: <u>418-78-9424</u>	PATIENT SIGNATURE: _____		
MEDICARE #: _____ CODE: _____	Patient's or Authorized Person's Signature. I authorized the release of any medical or other information necessary to process this claim. I request payment of government/insurance benefits be made to the provider performing services.		
MEDICAID #: _____ CODE: _____			
INSURANCE: _____ CODE: _____			
INSURANCE #: _____	PRE CERTIFICATION # _____	<input type="checkbox"/> Patient Unable to Sign	

EXAMS REQUESTED: Please Mark Each Clearly
X-RAY EXAMS

<input checked="" type="checkbox"/> 74000	Abdomen, 1 View		73520	Hip, Min 2 Views w/Pelvis L R		73580	Tibia/Fibula, 2 Views L R
<input checked="" type="checkbox"/> 73600	Ankle, 2 Views (AP 7 LAT) L R		73510	Hip, Comp Min 2 Views L R		73100	Wrist, 2 Views L R
<input type="checkbox"/> 73610	Ankle, Comp Min 3 Views L R		73060	Humerus, Min 2 Views L R		73110	Wrist, Min 3 Views L R
<input type="checkbox"/> 73650	Calcaneus (Heel), 2 Views L R		73560	Knee, 2 Views L R			OTHER _____
<input type="checkbox"/> 71010	Chest, 1 View (AP)		73582	Knee, 3 Views (Inc OBLQ) L R			OTHER EXAMS L R
<input type="checkbox"/> 71111	Chest With Ribs, 4 Views		70160	Nasal Bones, Comp Min 3 Views			
<input type="checkbox"/> 73000	Clavicle, Complete L R		72170	Pelvis, 1 Views			
<input type="checkbox"/> 73070	Elbow, 2 Views L R		71100	Ribs, 2 Views L R		83000	EKG Pacemaker: Y N
<input type="checkbox"/> 73080	Elbow, Comp 3 Views L R		72220	Sacrum/Coccyx, Min 2 Views		95819	EEG
<input type="checkbox"/> 73550	Femur, 2 Views L R		73030	Shoulder, Min 2 Views L R			
<input type="checkbox"/> 73620	Foot, 2 Views L R		70210	Sinuses, Less Than 3 Views			
<input type="checkbox"/> 73630	Foot, Comp Min 3 Views L R		70250	Skull, Less Than 4 Views			
<input type="checkbox"/> 73090	Forearm, 2 Views L R		72040	Spine, Cervical 2 Views			
<input type="checkbox"/> 73120	Hand, 2 Views L R		72100	Spine, Lumbosacral 2 Views			
<input type="checkbox"/> 73130	Hand, Min 3 Views L R		72070	Spine, Thoracic 2 Views			

DIAGNOSIS/SYMPOM(S): Please Mark ALL that apply

<input type="checkbox"/> 787.3	Abdomen Distention (Flatulence)	<input type="checkbox"/> 496	COPD, Chronic Obstructive Pulm. Dis.	<input checked="" type="checkbox"/> 560.9	Obstruction, Intestinal
<input type="checkbox"/> 787.5	Abnormal Bowel Sounds	<input type="checkbox"/> 788.2	Coughing		Pain in _____
<input type="checkbox"/> 413.0	Angina		Dislocation of _____	<input type="checkbox"/> 485	Pneumonia, Confirmed
<input type="checkbox"/> _____	Arthritis of _____	<input type="checkbox"/> 780.4	Dizziness	<input type="checkbox"/> 514	Pneumonia, Probable
<input type="checkbox"/> 429.2	ASCVD, Atherosclerotic cardiovas. Dis.	<input type="checkbox"/> 787.2	Dysphagia (Difficulty Swallowing)	<input type="checkbox"/> 795.5	Positive Mantoux, PPD
<input type="checkbox"/> 427.31	Atrial Fibrillation	<input type="checkbox"/> 782.3	Edema (Swelling)	<input type="checkbox"/> 518.4	Pulmonary Edema, NOS
<input type="checkbox"/> 507.0	Aspiration	<input type="checkbox"/> 492.0	Emphysema	<input type="checkbox"/> 515	Pulmonary Fibrosis
<input type="checkbox"/> 427.89	Bradycardia	<input type="checkbox"/> 780.6	Febrile (Feverish)	<input type="checkbox"/> 786.7	Rales in Chest
<input type="checkbox"/> _____	Bruise of _____		Possible Fracture of _____	<input type="checkbox"/> 786.09	Shortness of Breath
<input type="checkbox"/> 486.0	Bronchitis, NOS	<input type="checkbox"/> 560.39	Impaction	<input type="checkbox"/> 780.2	Syncope & Collapse
<input type="checkbox"/> _____	Carcinoma of _____	<input type="checkbox"/> 518.9	Infiltrate, Lung	<input type="checkbox"/> 785.0	Tachycardia
<input type="checkbox"/> 426.8	Cardiomegaly	<input type="checkbox"/> 410.92	Myocardial Infarction	<input type="checkbox"/> 011.90	Tuberculosis
<input type="checkbox"/> 786.50	Chest Pain, Unspecified	<input type="checkbox"/> 787.01	Nausea and Vomiting	<input type="checkbox"/> 518.8	URI (Chronic)
<input type="checkbox"/> 514	Congestion, Chest				OTHER _____
<input type="checkbox"/> 428.0	Congestive Heart Failure				

PHYSICIAN'S SIGNATURE: _____	NURSE'S SIGNATURE: <u>J. Ellis, MTA</u>	X-RAY # _____	TECH: <u>RDCT</u>
ORDERING PHYSICIAN: <u>K. Nichols</u>	CODE _____	DATE: <u>7/5/06</u>	# VIEWS: <u>2</u>
PHONE #: () _____		ARRIVE TIME: <u>9:30 AM</u>	Q0082 # <u>1</u>
FAX: () _____		DEPART TIME: <u>9:55 AM</u>	# PTS SEEN <u>2</u>
RADIOLOGIST: _____			
PRELIMINARY REPORT: _____			

AM

TIME:

PM



INMATE SICK CALL SLIP – MEDICAL REQUEST

TO BE COMPLETED BY INMATE: Please complete the top half of the Sick Call Slip and return it to the correctional officer and/or medical staff for submission and review by the medical staff. The medical staff will arrange for you to be seen by the appropriate medical staff member. You will be charged in accordance with the medical co-pay system at this facility.

Today's Date: 08/29/06 Pod/Location: 16 Pod Cell: 001 ID# _____

Inmate's Full Name: JAMES G. HUFFMAN

Complaint/Problem: Please drop all my medications & except my Aspirin, elavil and listril[®] due to the fact I can't afford to pay for it because of the \$102.00 debt *

How long have you had this problem? _____

Inmate's Signature: James G. Huffman Date: August 28, 2006

TO BE COMPLETED BY MEDICAL STAFF:

Note Patient's Vital Signs: Temp _____ Resp _____ Pulse _____ B/P _____

Instructions/Assessment: Document your findings, Inmate's responses/actions _____

- ☐ Received Orders – thru Treatment Protocols; via telephone order; via verbal order
- ☐ Follow-Up Required? If checked, date to be seen again _____
- ☐ Chronic Condition
- ☐ Inmate to be charged through medical co-pay for this visit

Date Seen by Medical: _____ Seen by: _____

Place original form in patient's medical record.

** that occurred due to a mix-up in the medication listing of ordered meds not having been sent to the accounting office as it should have been.*

Refusal of Treatment
and
Release of Responsibility

Inmate's Name: James Huffman

Date of Birth: 10-29-53 Social Security No.: 418-78-9424

Date: 9-2-06 Time: 5:00 a.m. (p.m.)

This is to certify that I, James Huffman
(Print Inmate's Name)
currently in custody at the Autauga Co. Metro Jail
(Print Facility's Name)

I have been told about the risks of refusing treatment for my current medical condition and acknowledge that I understand all medical information, current diagnosis, and future procedures that have been explained to me.

I am refusing any and all medical procedures and/or treatments of my current medical condition. If I decide to obtain medical treatment regarding my current condition, I will notify the medical staff immediately. I understand the limitations of treatment that may have been based on my refusal of prior treatment.

Therefore, I release Southern Health Partners, Inc., its staff, the facility and its staff and administrator(s) from all responsibility and I assume personal responsibility for the conditions that may occur as a result of my refusing treatment as prescribed by the medical staff of the facility and/or outside consultation services.

I am refusing from this date on 09/02/06

James Huffman *JE MTA*
Signature of Inmate Signature of SHP Medical Representative

Witness

9-2-06
Date

cc: Confidential Medical File
Jail Administrator

*inmate has requested we stop all of his meds
pt Vistaril, Elavil, Aspirin because he
unable to pay for all of it. JE, MTA*

3712 Ringgold Road, #364
Chattanooga, TN 37412
423-553-5635 Phone
423-553-5645 Fax

PROGRESS NOTES

DATE	NOTES SHOULD BE SIGNED BY PHYSICIAN
	JAMES HUFFMAN
7/21/06	Hx lower back pain about every day. Worse standing up - Goes in to asleep when he picks up some thing off the floor. Goes in to left hip. Had one back operation by Bradley - This was in Sept 2001. He is refusing his meds. He says they cost too much. When he went from Chilton Co. to Alabama he ended up in Shelby Co Medical & says he had heart attack. Is still on his ASA, Flexril t V-3 Tril - doing o.k. E Thats. PE = BP 148/92 Lungs clear CV - RRRS @ 40g/min M/S - tender over lumbar spine.
A:	DDD back ASCVD
P _{Lan} :	Ibu profen 800 bid x 10 days @ a time per. Flexril 10mg bid. x 5 days. Stay on Lasix + Vasotec -
	NHSS

[Handwritten signature]

Doctor's Signature:

NAME-Last

First

Middle

Attending Physician

Record No.

Room/Bed



INMATE SICK CALL SLIP – MEDICAL REQUEST

TO BE COMPLETED BY INMATE: Please complete the top half of the Sick Call Slip and return it to the correctional officer and/or medical staff for submission and review by the medical staff. The medical staff will arrange for you to be seen by the appropriate medical staff member. You will be charged in accordance with the medical co-pay system at this facility.

Today's Date: 10/09/06 Pod/Location: G pod Cell: 601 ID# _____

Inmate's Full Name: James G. Huffman

Complaint/Problem: I am experiencing severe pain in my left abdomen near the rib cage where I had my spleen removed. I'm still having a real problem with my back pain also.

How long have you had this problem? Just started on about October 3rd, 2006

Inmate's Signature: James G. Huffman Date: 10/09/06

TO BE COMPLETED BY MEDICAL STAFF:

Note Patient's Vital Signs: Temp _____ Resp _____ Pulse _____ B/P _____

Instructions/Assessment: Document your findings, Inmate's responses/actions _____

I'm 90 Stomache pain & stabbing, burning feeling.
See MD orders.

☒ Received Orders — ~~via~~ Treatment Protocols; via telephone order; via verbal order

☐ Follow-Up Required? ☒ checked, date to be seen again _____

☐ Chronic Condition

☒ Inmate to be charged through medical co-pay for this visit

ate Seen by Medical: [Signature] 10-10-06 Seen by: JE, MTA

Place original form in patient's medical record.



INMATE SICK CALL SLIP – MEDICAL REQUEST

TO BE COMPLETED BY INMATE: Please complete the top half of the Sick Call Slip and return it to the correctional officer and/or medical staff for submission and review by the medical staff. The medical staff will arrange for you to be seen by the appropriate medical staff member. You will be charged in accordance with the medical co-pay system at this facility.

Today's Date: 10/31/06 Pod/Location: D-6 Cell: 601 ID# _____

Inmate's Full Name: JAMES G. HUFFMAN

Complaint/Problem: I am still having severe pain in my
~~abdomen~~ abdomen, in the center of my diaphragm,
and under my ribs on the right side. I need to see
Doctor Nichols

How long have you had this problem? for about 2 weeks but it has gotten
a lot worse

Inmate's Signature: JAMES G. HUFFMAN Date: 10/31/06

TO BE COMPLETED BY MEDICAL STAFF:

Note Patient's Vital Signs: Temp _____ Resp _____ Pulse _____ B/P _____

Instructions/Assessment: Document your findings, Inmate's responses/actions _____

Treated by doctor Nichols 11-3-06

☐ Received Orders – thru Treatment Protocols; via telephone order; via verbal order .

☐ Follow-Up Required? If checked, date to be seen again _____

☐ Chronic Condition

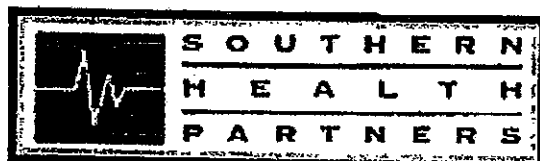
☐ Inmate to be charged through medical co-pay for this visit

Date Seen by Medical: _____ Seen by: _____

Place original form in patient's medical record.

[illegible]

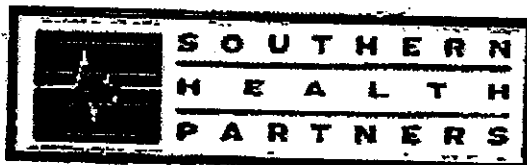
NAME-Last	First	Middle	Attending Physician	Record No.	Room/Bed
-----------	-------	--------	---------------------	------------	----------



Inmate Name: Huffman, James
 D.O.B. or I.D. #: 10/29/53
 Allergies: NKDA

Start at top and write subsequent orders below

Date of physician's order: <u>11/8/05</u> Noted J. COOK 11/8/05 12:15	D/C Paxil (Paroxetine) 40mg Q.P.M. when current medication gone. Don't start Fluoxetine 20mg $\dot{\div}$ tabs Q.P.M. per V.O. Dr. Nichols / J. COOK GP
Date of physician's order: <u>11/9/05</u>	DC Plavix 75mg ASA 325mg po bid. VO Dr Nichols / R Cal
Date of physician's order: <u>5/2/06</u>	Continue meds as taken: Mevacor 40mg $\dot{\div}$ po daily Lasotec 20mg $\dot{\div}$ po bid Vistaril 25mg $\dot{\div}$ po bid Prozac 20mg $\dot{\div}$ po q pm.
Date of physician's order:	Elavil 100mg $\dot{\div}$ po q pm. ASA 325mg $\dot{\div}$ po bid. VO Dr Nichols / R Cal
Date of physician's order: <u>5-5-06</u>	Tylenol 325mg $\dot{\div}$ po b.i.d x 7 days TPO Dr Nichols / R Cal
Date of physician's order: <u>5/24/06</u>	Tylenol 325mg $\dot{\div}$ tabs bid x 3 days. R/O Dr. Nichols / A. Norberg MD



Inmate Name: Huffman, James
 D.O.B. or I.D. #: 10/29/53
 Allergies: Cocaine

Start at top and write subsequent orders below

Date of physician's order:

5/25/06

Zanfac 150mg po bid x 10 days.

[Signature]

Date of physician's order:

5/26/06

Keflex 500mg ii BID x 7 days per tx protocol - M. Deha

Date of physician's order:

6/26/06

Zanfac 150mg BID
 per tx protocol - J. Elts, M.D.

[Signature]

Date of physician's order:

6/29/06

mebol dose pk.
 p dose pk. is gone give Ibuprofen 1200mg
 bid x 7 days
 Robaxin 750mg ii bid x 7 days.

[Signature]

Date of physician's order:

Date of physician's order:

Physician's Orders

Southern Health Partners, Inc.

Inmate Name: <u>Huffman, James</u>	Facility: <u>Hutaga</u>
SSN: _____	County: <u>0</u>
DOB: <u>10-29-53</u>	Jail
Allergies: <u>NKA</u>	

Date: <u>9/21/06</u>	Date: _____
<u>Ibuprofen 800 bid x 10 days prn,</u>	<u>bid x 5 days</u>
<u>Flexeril 10mg</u>	
<u>persontine 2</u>	
M.D. Sig: _____	M.D. Sig: _____
Date: <u>Loxastatin 40</u>	Date: <u>mg daily</u>
<u>Vasotec 20mg</u>	<u>bid.</u>
M.D. Sig: _____	M.D. Sig: _____
Date: _____	Date: _____
M.D. Sig: _____	M.D. Sig: _____
Date: _____	Date: _____
M.D. Sig: _____	M.D. Sig: _____

MEDICATION ADMINISTRATION RECORD

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Plavix 75mg po daily		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Paroxetine 40mg po 8 pm. 2/11/05 see below		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Lovastatin 40mg po daily		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Atarax 25mg Bid.		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Uasotec 20mg po bid.		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Amitriptyline 100mg po 8 pm.		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
ASA 325mg po bid. stock		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Fluoxetine 20mg 11/30/05 - 11/30/06 X FOX		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

HARTING FOR 11-1-05		THROUGH 11-30-05	
Physician Nichols.		Telephone No.	
Att. Physician		Alt. Telephone	
Allergies NKA.		Rehabilitative Potential	
Diagnosis			
Medicaid Number	Medicare Number	Approved By Doctor:	
		By:	
RESIDENT Huffman James		D.O.B. 10/29/52	Sex M
		Room # 602C.	Patient Code
		Title:	Date:
		Admission Date	

MEDICATION ADMINISTRATION RECORD

UTAUGA COUNTY JAIL
HUFFMAN, JAMES
REPORT DATE : 01/06

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
LOVASTATIN 40 MG TABLET MEVACOR 40 MG TABLET TAKE 1 TABLET ONCE DAILY	11/22/06																															
	0600	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
ENALAPRIL MALEATE 20 MG T VASOTEC 20 MG TABLET TAKE 1 TABLET TWICE DAILY	12/12/06																															
	0600	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
HYDROXYZINE PAM 25 MG CAP VISTARIL 25 MG CAPSULE TAKE 1 CAPSULE TWICE DAILY	11/22/06																															
	0600	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
FLUOXETINE 20 MG CAPSULE PROZAC 20 MG PULVULE TAKE 2 CAPSULES IN THE EVENING	11/22/06																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
AMITRIPTYLINE HCL 100 MG ELAVIL 100 MG TABLET TAKE 1 TABLET IN THE EVENING	11/04/06																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
ASA 325 mg B.i.d (stock)																																
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

CHARTING FOR	01/01/06	THROUGH	01/31/06	PAGE	1 OF 1
Physician	NICHOLS, KEN	Telephone No.			
Alt. Physician	NICHOLS, KEN	Alt. Telephone			
Allergies	NKA	Rehabilitative Potential			
NKA					

Diagnosis					
Medicaid Number	Medicare Number	Approved By Doctor:			
By:	D.O.B.	Sex	Room	Title:	Date:
RESIDENT	HUFFMAN, JAMES	10/29/1953	M	J	
Patient Code	HUFFJAME	Admission Date	00/00/00		

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
LOVASTATIN 40 MG TABLET MEVACOR 40 MG TABLET TAKE 1 TABLET ONCE DAILY	11/22/06																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
HYDROXYZINE PAM 25 MG CAP VISTARIL 25 MG CAPSULE TAKE 1 CAPSULE TWICE DAILY	11/22/06																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
FLUOXETINE 20 MG CAPSULE PROZAC 20 MG PULVULE TAKE 2 CAPSULES IN THE EVENING	11/22/06																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
AMITRIPTYLINE HCL 100 MG ELAVIL 100 MG TABLET TAKE 1 TABLET IN THE EVENING	11/04/06																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
ASA 325 mg Tab + P ^o BID 11/1/05																																
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Vasotec 20mg po bid																																
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

STARTING FOR	12/01/05	THROUGH	12/31/05	PAGE	1 OF 1
Physician	NICHOLS, KEN	Telephone No.			
Att. Physician	NICHOLS, KEN	Alt. Telephone			
Referrals	NKA	Rehabilitative Potential			
Diagnosis	NK BX				Medical Record No.
Medicaid Number	Medicare Number	Approved By Doctor:			
		By:	Title:	Date:	
RESIDENT	HUFFMAN, JAMES	D.O.B.	Sex	Room	Patient Code
		10/29/1953	M	# 6020	HUFFJAME
				Admission Date	00/00/00

7- UTAUGA COUNTY JAIL
1- HUFFMAN, JAMES
REPORT DATE : 01/06

CHARTING FOR		01/01/06		THROUGH		01/31/06		PAGE		1 OF		1	
Physician		NICHOLS, KEN		Telephone No.				Alt. Physician		NICHOLS, KEN		Medical Record No.	
Allergies		NKA		Alt. Telephone				Rehabilitative Potential					
Diagnosis													
Medicaid Number		Medicare Number		Approved By Doctor:				By:					
RESIDENT		HUFFMAN, JAMES		D.O.B.		Sex		Room		Title:		Date:	
				10/29/1953		M		# J		Patient Code		HUFFJAME	
										Admission Date		00/00/00	

**IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA
NORTHERN DIVISION**

JAMES G. HUFFMAN

Plaintiff,

v.

SOUTHERN HEALTH SERVICES, *et al.*,

Defendants.

CIVIL ACTION NO. 2:06-CV-748-MEF
(WO)

DEFENDANTS' SPECIAL REPORT AND ANSWER

Defendants, Southern Health Partners, Inc. (designated in the Complaint as both “Southern Health Services Partners” and “Nurses of Southern Health Partners”), and Kenneth Nichols, M.D., (designated in the Complaint as both “Dr. Nichols” and “Dr. Nicholson, M.D.”) submit their Special Report and Answer to the Court as follows:

I. INTRODUCTION

The plaintiff filed his Complaint on August 22, 2006 and his amended complaint on September 28, 2006. On August 30, 2006, this Court ordered Defendants to file an Answer and Special Report concerning the factual allegations made by the plaintiff in his Complaint and amendments thereto. Pursuant to paragraph one of the Order for Special Report, Defendants aver that there are no similar complaints against them that should be considered with this complaint. This Court has dismissed *Hollis v. Ellis*, CV No. 2:06-CV-814-WKW, which was referenced by the co-defendants.

II. PLAINTIFF'S ALLEGATIONS

The plaintiff alleges that these Defendants failed to provide adequate or appropriate medical attention in violation of the plaintiff's Eighth Amendment right to be free from cruel and unusual punishment. Specifically, the plaintiff alleges that Dr. Nichols and SHP's medical nursing staff were deliberately indifferent to the plaintiff by failing to provide him adequate medication for his heart problems, back pain and anxiety/bipolar disorder, which he claims caused him to suffer a heart attack in late April 2005 and to be rushed to Baptist Medical Center Emergency Room in May 2005.¹

III. DEFENDANTS' ANSWER TO PLAINTIFF'S ALLEGATIONS

Defendants deny the allegations made against them by the plaintiff as said allegations are untrue and completely without basis in law or fact. Defendants deny that they acted, or caused anyone to act, in such a manner as to deprive the plaintiff of any right to which he was entitled. The plaintiff's Complaint fails to state a claim upon which relief can be granted. Defendants raise the defenses of Eleventh Amendment immunity, qualified immunity, the plaintiff's failure to comply with the Prison Litigation Reform Act and additional defenses presented below. Defendants reserve the right to add additional defenses if any further pleading is required or allowed by the law.

IV. SWORN STATEMENTS

Pursuant to Paragraph 2 of the Court's Order, Defendants submit the affidavits of Dr. Nichols (Exhibit 1), and Tina Ellis, LPN (Exhibit 2), who are persons having knowledge of the subject matter of the Complaint.

¹ This statement of the plaintiff's allegations is based upon the plaintiff's Complaint as amended and the undersigned's interpretation of the issues raised. If other issues are presented, Defendant requests that this Honorable Court grant Defendants an opportunity to answer and address those issues.

V. STATEMENT OF FACTS

A. Background

1. Dr. Nichols obtained his medical degree from UAB in 1982. From 1982 to 1985, he performed an internal medicine internship and residency at Baptist Memorial Hospital in Memphis, Tennessee. From July 1985 to the present, he has been in private practice in internal medicine in Prattville, Alabama. He is licensed by the State of Alabama as a medical doctor and has been so since 1985. Since 1997, Dr. Nichols has been the medical director of the Autauga County Jail. Since November 2005, he has been employed by Southern Health Partners, Inc. ("SHP") to be the medical director of the Autauga County Jail. (Nichols Aff. at ¶ 2.)

2. Tina Ellis, LPN ("Nurse Ellis") obtained her LPN degree from Bevill State Community College in Hamilton, Alabama in December 2005. In May 2006, she became licensed by the State of Alabama as an LPN. Since May 2006, she has been employed by Southern Health Partners, Inc. ("SHP") as the medical team administrator ("MTA") for the Autauga County Jail. (Ellis Aff. at ¶ 2.)

3. SHP provides medical care to inmates in various jail facilities, including the Autauga County Jail. From November 2005 to the present, health care services have been provided to inmates by SHP pursuant to a contract between SHP and the Autauga County Commission. Health care in the jail is provided under the direction of a medical team administrator ("MTA") as well as a medical director. During the period complained of by the plaintiff in this action, Dr. Nichols was the medical director of the jail, and Jennifer Cook, Donna Cooley, Gail Colburn and Tina Ellis have served as the MTA. (Nichols Aff. at ¶ 3.)

4. When an inmate in the jail requires routine medical care, he or she obtains an inmate sick call slip from the corrections officer on duty in the housing unit and that form is provided to the medical staff for action. Routine sick calls are conducted by the medical staff inside the housing unit. (Nichols Aff. at ¶ 4.)

B. Chronology of the plaintiff's treatment

5. A true and correct copy of SHP's entire medical chart on the plaintiff is attached to Nurse Ellis' affidavit as Exhibit A. (Ellis Aff. at ¶6.)

6. The plaintiff's January and February 2004 medical records from Baptist Medical Center East in Montgomery, Alabama are attached to Dr. Nichols' affidavit as Exhibit A, the plaintiff's April 27, 2005 discharge summary from Shelby Baptist Hospital in Alabaster, Alabama is attached to Dr. Nichols' affidavit as Exhibit B, and records related to the plaintiff's May 30, 2006 emergency room admission are attached to Dr. Nichols' affidavit as Exhibit C. (Nichols Aff. at ¶ 6.)

7. The plaintiff was booked into the Autauga County Jail on September 13, 2005. On September 15, 2005, Dr. Nichols saw the plaintiff. In this initial presentation, the plaintiff said he was taking Plavix for his heart, Zocor for high cholesterol and Xanax for anxiety. Plaintiff gave a medical history of two stents and a prior heart attack in January 2004. He also mentioned problems with anxiety and his back and said that he had undergone surgery for a ruptured spleen in November 2004. Dr. Nichols assessed him as having arteriosclerotic cardiovascular disease (ASCVD) and prescribed Plavix 75 mg. daily for his heart, Mevacor for cholesterol, Paxil and Atarax for anxiety and Vasotec for high blood pressure. (Nichols Aff. at ¶ 7.)

8. Upon review of the plaintiff's January and February 2004 records from Baptist

Medical Center East (Ex. A), the plaintiff did not suffer a heart attack in January 2004. On January 27, 2004, he was admitted to Baptist Medical Center East with complaints of chest pain, and he was seen by Dr. Finklea, who ruled out heart attack. Based on the history taken by Dr. Finklea, the plaintiff had a stenting of his left anterior descending ("LAD") artery in July 2002. He underwent repeat catheterization in January 2003 for recurrent chest discomfort and the stent was found to be open. On January 29, 2004, the plaintiff underwent catheterization performed by Dr. Finklea, who found the plaintiff's LAD stent to be patent and placed another stent in the circumflex artery. In his discharge instructions, Dr. Finklea prescribed Plavix 75 mg daily for three months, which would have expired at the end of April 2004. (Nichols Aff. at ¶ 8.)

9. On September 29, 2005, Dr. Nichols saw the plaintiff in follow-up to his September 15th appointment, and the plaintiff complained that he did not get his heart medications the prior week. Dr. Nichols' assessment remained ASCVD and he changed the plaintiff's prescription to include Elavil at night to help him sleep. (Nichols Aff. at ¶ 9.)

10. On October 6, 2005, Dr. Nichols saw the plaintiff for complaints of not sleeping. Dr. Nichols prescribed Elavil 100 mg. at the hour of sleep. (Nichols Aff. at ¶ 10.)

11. On November 8, 2005, Dr. Nichols discontinued the plaintiff's Paxil prescription and started the plaintiff on Fluoxetine (brand name Prozac) 20 mg. for depression and anxiety. (Nichols Aff. at ¶ 11.)

12. On November 9, 2005, Dr. Nichols discontinued the plaintiff's prescription for Plavix and prescribed aspirin 325 mg. by mouth twice a day for his heart. Based upon Dr. Nichols' medical judgment, Plavix was no longer indicated, because it had been 22 months since the plaintiff's last

cardiac event in January 2004. Also, Plavix, at that time, was not on SHP's formulary of approved drugs. (Nichols Aff. at ¶ 12.)

13. In November 2005, the plaintiff was administered the following medications:

- Aspirin for his heart.
- Lovastatin (brand name Mevacor) for cholesterol.
- Atarax for anxiety
- Vasotec for high blood pressure.
- Amitriptyline (brand name Elavil) to help him sleep.
- Paxil for depression and anxiety up through November 29, 2005.
- Fluoxetine (brand name Prozac) on November 30, 2005 for depression/anxiety.

(Nichols Aff. at ¶ 13.)

14. In December 2005, the plaintiff was administered the following medications:

- Aspirin for his heart.
- Lovastatin for cholesterol.
- Vasotec for high blood pressure.
- Amitriptyline HCL (brand name Elavil) to help him sleep.
- Fluoxetine (brand name Prozac) for anxiety and depression.
- Hydroxyzine PAM (brand name Vistaril) for anxiety.

(Nichols Aff. at ¶ 14.)

15. On December 10, 2005, the plaintiff completed an inmate sick call slip, complaining that Dr. Finklea told him that he needed to take Plavix everyday for life. The plaintiff was seen by Gail Colburn, RN-- the MTA during this time period-- on December 16, 2005, and Nurse Colburn

educated the plaintiff on the medications he was taking and advised the plaintiff that he could take Plavix if it was brought from home. As stated before, at this juncture, it was Dr. Nichols' opinion that Plavix was not indicated, although it would not hurt the plaintiff if he were to take it. (Nichols Aff. at ¶ 15.)

16. On January 3, 2006, Angela Henley, LPN, performed a history and physical on the plaintiff. During his history and physical, the plaintiff identified prior heart problems and stated that he had been treated for anxiety and bipolar disorder. (Nichols Aff. at ¶ 16.)

17. From January 1, 2006 through February 6, 2006, the plaintiff was administered the following medications:

- Aspirin for his heart.
- Lovastatin for cholesterol.
- Enalapril Maleate (brand name Vasotec) for high blood pressure.
- Amitriptyline HCL (brand name Elavil) to help him sleep.
- Fluoxetine (brand name Prozac) for anxiety and depression.
- Hydroxyzine PAM (brand name Vistaril) for anxiety.

(Nichols Aff. at ¶ 17.)

18. On February 6, 2006, the plaintiff was discharged from the Autauga County Jail. (Nichols Aff. at ¶ 18.)

19. The plaintiff was again booked into the Autauga County Jail on April 30, 2006. In his complaint, the plaintiff claims that he had a heart attack on April 22, 2006, and was discharged from the hospital on April 27, 2006. Attached as Exhibit A to Dr. Nichols' affidavit is the discharge summary from Shelby Baptist Medical Center dated April 27, 2006. As set out in the discharge

summary, the plaintiff was admitted to the hospital with complaints of chest pain, but he was not diagnosed with a heart attack. Instead, the cardiologist recommended that he undergo a cardiac catheterization, which showed no change from his previous catheterization. There was no determination that the plaintiff suffered any injury or harm from not taking Plavix or any other medication. (Nichols Aff. at ¶ 19.)

20. On May 1, 2006, Nurse Colburn performed a medical screening of the plaintiff, wherein she noted that the plaintiff had bruising on his bilateral groin area from heart catheterization. On May 5, 2006, Dr. Nichols entered an order prescribing Tylenol for the plaintiff's complaints of pain related to said bruising. (Nichols Aff. at ¶ 20.)

21. The plaintiff returned to the jail with prescriptions for Plavix, monopril and Zocor. On May 2, 2006, Dr. Nichols entered an order continuing the plaintiff on all of the same medications he was on at the time he left the jail in February, substituting lovastatin for Zocor, aspirin for Plavix and Vasotec for monopril. Again, based on the plaintiff's history, it was Dr. Nichols' medical judgment that the plaintiff did not need Plavix for his heart and could be adequately treated with aspirin. (Nichols Aff. at ¶ 21.)

22. On May 3, 2006, the plaintiff was brought to the medical staff complaining of chest pain. He was seen by Angela Henley, LPN, who noted that the plaintiff attributed his chest pain to soreness related to him trying to catch himself from falling. Nurse Henley took the plaintiff's vital signs and monitored him for a couple of hours without further complaint. (Nichols Aff. at ¶ 22.)

23. On May 10, 2006, the plaintiff completed an inmate sick call slip, complaining of an abscess tooth on his right bottom jaw. On May 12, 2006, the plaintiff was seen by Marlo Oaks, RN. Pursuant to Dr. Nichols' protocol for such complaints, the plaintiff was ordered Keflex and

Percogesic and was added to the dental list. On May 24, 2006, the plaintiff was seen by Dr. Roberson, an Autauga County dentist. Dr. Roberson found that the plaintiff had two infected teeth, and he extracted same. (Nichols Aff. at ¶ 23.)

24. On May 11, 2006, Dr. Nichols saw the plaintiff, and the plaintiff complained of pain in the left groin and testicles related to the placement of his heart catheter. Dr. Nichols continued the plaintiff on the same medications, which included Tylenol for pain. (Nichols Aff. at ¶ 24.)

25. On May 17, 2006, the plaintiff completed an inmate sick call slip, where he again complained that he was hurting in his groin area where the surgeons had placed his heart catheter. On May 19, 2006, the plaintiff was seen by Marlo Oaks, RN in response to this sick call slip, and Nurse Oaks noted that the plaintiff was not in acute distress and added the plaintiff to the list of patients for Dr. Nichols to see. (Nichols Aff. at ¶ 25.)

26. On May 25, 2006, Dr. Nichols saw the plaintiff for his complaints of soreness in his left groin area. Dr. Nichols noted that the plaintiff had a tender epigastrium. Dr. Nichols' assessment was ASCAD and gastritis, and he prescribed Zantac for the gastritis. Dr. Nichols also ordered Tylenol to treat the plaintiff's complaints of pain. (Nichols Aff. at ¶ 26.)

27. In May 2006, the plaintiff was administered the following medication:

- Aspirin for his heart.
- Lovastatin (brand name Mevacor) for cholesterol
- Vasotec for high blood pressure.
- Amitriptyline (brand name Elavil) to help him sleep.
- Fluoxetine (brand name Prozac) for anxiety and depression.
- Hydroxyzine PAM (brand name Vistaril) for anxiety.

- Tylenol for pain.
- Keflex for dental complaints.
- Percogesic for dental complaints.
- Zantac for gastritis.

(Nichols Aff. at ¶ 27.)

28. On May 30, 2006, the plaintiff complained to the medical staff of chest pain, and Dr. Nichols gave a telephone order to send the plaintiff to the emergency room for evaluation. The plaintiff was sent to Baptist Medical Center in Prattville and was seen by Dr. Joel Sullivan, who noted a normal EKG. The plaintiff's records from this ER visit are attached as Exhibit B to Dr. Nichols' affidavit. Tina Ellis, LPN, documents this emergency room visit on June 3, 2006, but it actually occurred on May 30, 2006. Based upon the emergency room records, there was no determination that the plaintiff suffered any injury or harm from not taking Plavix or any other medication. Dr. Sullivan's discharge instructions included a prescription for Plavix, but Dr. Nichols substituted aspirin for Plavix based on his medical judgment that the plaintiff was responding well to aspirin and did not need Plavix. (Nichols Aff. at ¶ 28.)

29. On June 28, 2006, the plaintiff completed an inmate sick call slip complaining of severe pain in his back, neck and hip from injuries received from a fall down the stairs. (Nichols Aff. at ¶ 29.)

30. On June 29, 2006, Dr. Nichols saw the plaintiff in response to these complaints. Dr. Nichols assessed the plaintiff with back pain and prescribed a Medrol dose pack, Motrin and Robaxin to treat these complaints of pain. (Nichols Aff. at ¶ 30.)

31. In June 2006, the plaintiff was administered the following medications:

- Aspirin for his heart.
- Lovastatin for cholesterol.
- Enalapril Maleate (brand name Vasotec) for high blood pressure.
- Amitriptyline (brand name Elavil) to help him sleep.
- Fluoxetine (Prozac) for anxiety and depression.
- Hydroxyzine PAM (brand name Vistaril) for anxiety
- Zantac for gastritis.
- Medrol dose pack for back pain.
- Ibuprofen (Motrin) for back pain.
- Robaxin for back pain.

(Nichols Aff. at ¶ 31.)

32. On July 4, 2006, the plaintiff completed an inmate sick call slip, wherein he complained that his left ankle was swollen rising out of his fall down the stairs and requested an x-ray. (Nichols Aff. at ¶ 32.)

33. On July 5, 2006, Dr. Nichols ordered that the plaintiff receive an x-ray on his left ankle, which was performed by Dr. Randall Finley. Dr. Finley noted that the plaintiff had no fracture, dislocation or any abnormality with his ankle. (Nichols Aff. at ¶ 33.)

34. In July 2006, the plaintiff was administered the following medications:

- Lovastatin for cholesterol.
- Aspirin for his heart
- Enalapril Maleate (brand name Vasotec) for high blood pressure.
- Amitriptyline (brand name Elavil) to help him sleep.

- Fluoxetine (brand name Prozac) for anxiety and depression.
- Hydroxyzine PAM (brand name Vistaril) for anxiety.
- Zantac for gastritis.
- Medrol dose pack for back pain (up through July 5, 2006).
- Ibuprofen (Motrin) for back pain (up through July 5, 2006).
- Robaxin for back pain (up through July 8, 2006).

(Nichols Aff. at ¶ 34.)

35. In August 2006, the plaintiff was administered the following medications:

- Lovastatin for cholesterol.
- Aspirin for his heart.
- Enalapril Maleate (brand name Vasotec) for high blood pressure.
- Amitriptyline (brand name Elavil) to help him sleep.
- Fluoxetine (Prozac) for anxiety and depression.
- Hydroxyzine PAM (brand name Vistaril) for anxiety.
- Zantac for gastritis.

(Nichols Aff. at ¶ 35.)

36. On August 29, 2006, the plaintiff completed an inmate sick call slip, wherein he requested that the medical staff drop all of his medications except aspirin, Elavil and Vistaril.

(Nichols Aff. at ¶ 36.)

37. On September 2, 2006, the plaintiff completed a refusal of treatment and release of responsibility form, wherein he again stated that he wanted all of his medications stopped except Vistaril, Elavil and aspirin. (Nichols Aff. at ¶ 37.)

38. Consistent with the plaintiff's desires, the plaintiff received aspirin, Vistaril and Elavil in September 2006. On September 21, 2006, Dr. Nichols saw the plaintiff for complaints of lower back pain. Dr. Nichols noted that the plaintiff was refusing his medication. Dr. Nichols ordered that the plaintiff take ibuprofen and Flexaril, a muscle relaxer, for his back pain and also ordered that the plaintiff resume taking Lovastatin for cholesterol and Vasotec for high blood pressure. Consistent with Dr. Nichols' orders, the plaintiff resumed taking these medications. (Nichols Aff. at ¶ 38.)

39. On October 9, 2006, the plaintiff completed an inmate sick call slip, wherein he complained of experiencing pain in his left abdomen near his rib cage where he had his spleen removed. He also complained of back pain. On October 10, 2006, the plaintiff was seen by Tina Ellis, LPN, who referenced Dr. Nichols prior orders for medication. (Nichols Aff. at ¶ 39.)

40. On October 31, 2006, the plaintiff completed an inmate sick call slip, wherein he complained of pain in his abdomen and requested to see Dr. Nichols. (Nichols Aff. at ¶ 40.)

41. On November 3, 2006, Dr. Nichols saw the plaintiff for these complaints and assessed him with esophageal reflux. Dr. Nichols prescribed Reglan to assist him with this problem. (Nichols Aff. at ¶ 41.)

42. In October 2006, the plaintiff was administered the following medications:

- Lovastatin for cholesterol.
- Aspirin for his heart
- Enalapril Maleate (brand name Vasotec) for high blood pressure.
- Amitriptyline (brand name Elavil) to help him sleep.
- Fluoxetine (brand name Prozac) for anxiety and depression.
- Hydroxyzine PAM (brand name Vistaril) for anxiety.

- Zantac for gastritis.
- Mylanta for acid indigestion

(Nichols Aff. at ¶ 42.)

C. Defendants were not deliberately indifferent to the plaintiff's medical needs.

43. Based upon Dr. Nichols' review of the plaintiff's records, his treatment of the plaintiff and his education, training and experience, it is his medical opinion that the plaintiff received appropriate medications for his heart problems and anxiety. Indeed, the plaintiff regularly was administered aspirin for his heart, Lovastatin for cholesterol and Vasotec for high blood pressure. Moreover, the plaintiff was regularly administered Vistaril and Prozac to combat his anxiety. When the plaintiff complained of back pain—which was not often—he was administered medication to alleviate same. While incarcerated at the Autauga County jail, the plaintiff has not identified nor has he ever informed Dr. Nichols or the medical staff that he was taking Percocet for back pain. The plaintiff was not denied any medication, including Plavix, on the basis of cost or expense. On the contrary, Dr. Nichols' orders prescribing and discontinuing medication to the plaintiff were based solely on Dr. Nichols' medical judgment of the plaintiff's condition. (Nichols Aff. at ¶ 43.)

44. Based upon Nurse Ellis' review of the plaintiff's records, her treatment of the plaintiff and her education, training and experience, it is her medical opinion that the plaintiff received appropriate nursing care for his heart problems, anxiety and back pain. (Ellis Aff. at ¶ 44.)

45. All necessary care provided to the plaintiff by Dr. Nichols and the SHP medical staff was appropriate, timely and within the standard of care. (Nichols Aff. at ¶ 44; Ellis Aff. at ¶ 43.)

46. On no occasion was the plaintiff ever at risk of serious harm, nor was Dr Nichols or the medical staff ever indifferent to any complaint that the plaintiff made. (Nichols Aff. at ¶45; Ellis Aff. at ¶ 44.)

VI. LEGAL ARGUMENT

A. The plaintiff's claims against Defendants are due to be dismissed, because the plaintiff has presented no evidence that Defendants were deliberately indifferent to a serious medical condition.

In order to prevail under 42 U.S.C. § 1983 on his medical claim, the plaintiff must demonstrate that Defendants were deliberately indifferent to a serious medical condition. Because society does not expect that prisoners will have unqualified access to health care, deliberate indifference to medical needs amounts to an Eighth Amendment violation only if those needs are "serious." *Hudson v. McMillian*, 503 U.S. 1, 9 (1992). "A serious medical need is one that has been diagnosed by a physician as mandating treatment or one that is so obvious that even a lay person would easily recognize the necessity for a doctor's attention." *Kelley v. Hicks*, 400 F. 3d 1282, 1284 n. 3 (11th Cir. 2005). Where a prisoner has received medical attention and the dispute concerns the adequacy of the medical treatment, deliberate indifference is not shown. *Hamm v. DeKalb County*, 774 F.2d 1567 (11th Cir. 1985).

Indeed, in *Estelle v. Gamble*, 429 U.S. 97, 106 (1976), the United States Supreme Court held that medical malpractice does not become a constitutional violation merely because the victim is a prisoner. Thus, the inadvertent or negligent failure to provide adequate medical care "cannot be said to constitute an unnecessary and wanton infliction of pain." (*Id.* at 105-06.) Instead, it must be

shown that there was a “deliberate indifference” to the serious medical needs of a prisoner. (*Id.* at 104.)

In addition, an inmate does not have a right to a *specific* kind of medical treatment. *City of Revere v. Massachusetts General Hosp.*, 463 U.S. 239, 246 (1983) (holding, “the injured detainee’s constitutional right is to receive the needed medical treatment; *how [a municipality] obtains such treatment is not a federal constitutional question*”) (emphasis added). Furthermore, this Court should not substitute its medically untrained judgment for the professional judgment of the medical health professionals who treated the plaintiff. See *Waldrop v. Evans*, 871 F.2d 1030, 1035 (11th Cir. 1989) (observing that “when a prison inmate has received medical care, courts hesitate to find an Eighth Amendment violation”); *Hamm v. DeKalb County*, 774 F.2d 1567, 1575 (11th Cir. 1985) (stating that the evidence showed the plaintiff received “significant” medical care while in jail, and although the plaintiff may have desired different modes of treatment, care provided by jail did not constitute deliberate indifference), cert. denied, 475 U.S. 1096 (1986); *Westlake v. Lucas*, 537 F.2d 857, 860 n.5 (6th Cir. 1976) (stating “[w]here a prisoner has received some medical attention and the dispute is over the adequacy of the treatment, federal courts are generally reluctant to second guess medical judgments.”); *Bismarck v. Lang*, 206 WL1119189 (M.D. Fla. 2006) (“Whether a defendant should have used additional or different diagnostic techniques or forms of treatment ‘is a classic example of a matter for medical judgment and therefore not an appropriate basis for liability under the Eighth Amendment.’”) quoting *Adams v. Poag*, 61 F.3d 1537, 1545 (11th Cir. 1995).

In this case, there is absolutely no evidence from which a jury could find that Dr. Nichols or the SHP medical staff acted with deliberate indifference to any serious medical need of the plaintiff. On the contrary, the plaintiff’s medical chart clearly demonstrates that all of his medical needs were

addressed in a timely and appropriate fashion. The plaintiff's heart condition, anxiety and back pain was treated with medication prescribed by Dr. Nichols on a regular basis. Indeed, the plaintiff regularly was administered aspirin for his heart, Lovastatin for cholesterol and Vasotec for high blood pressure. Moreover, the plaintiff was regularly administered Vistaril and Prozac to combat his anxiety. When the plaintiff complained of back pain—which was not often—he was administered medication to alleviate same. The decision to discontinue Plavix was based on Dr. Nichol's medical judgment that Plavix was no longer indicated. Therefore, this decision "is a classic example of a matter for medical judgment and therefore not an appropriate basis for liability under the Eighth Amendment." *Adams v. Poag*, 61 F.3d 1537, 1545 (11th Cir. 1995). Moreover, the hospital records attached as Exhibits B and C to Dr. Nichols' affidavit demonstrate that the plaintiff did not suffer a heart attack in late April 2006 and he suffered no ill effects from his emergency room admission to Baptist Medical Center on May 30, 2006. There was no determination by the plaintiff's treating physician in either incident that the plaintiff suffered any injury or harm from not taking Plavix or any other medication

Dr. Nichols and Nurse Ellis have both testified that the standard of care was met in Dr. Nichols and the medical staff's treatment of the plaintiff. The plaintiff has failed to present any evidence or medical testimony rebutting this testimony and, in fact, has presented no evidence that the treatment provided him by said Defendants was somehow indifferent to his needs.

B. SHP Is Due To Be Dismissed, Because There is No Evidence that SHP Itself Directly Caused the Violation of Any Constitutional Right Through Its Adoption of Some Official Policy or Practice.

Precedent from the U.S. Court of Appeals for the Eleventh Circuit provides that when a private corporation contracts with a state to perform a function traditionally within the province of

the state government, including the provision of medical services to state inmates, then that corporation should be treated as a governmental entity and as a person acting under color of state law within the meaning of 42 U.S.C. §1983. *Buckner v. Toro*, 116 F.3d 450, 452 (11th Cir. 1997); *Edwards v. Alabama Department of Corrections*, 81 F.Supp.2d 1242, 1254 (M.D. Ala. 2000). Although the private entity operating under such circumstances is not entitled to qualified immunity, certain special requirements for liability apply. *Edwards*, 81 F.Supp.2d at 1254-55; *McDuffie v. Hopper*, 982 F.Supp. 817, 825 (M.D. Ala. 1997). Thus, in order to prove that SHP should be liable in this case, the plaintiff would have to demonstrate that SHP itself directly caused the violation of his constitutional rights through SHP's adoption of some official policy or practice. See, e.g., *Monell v. Department of Social Services*, 436 U.S. 658, 695 (1978); *Gilmere v. City of Atlanta*, 774 F.2d 1495, 1502-03 (11th Cir. 1985). Plaintiff has failed to assert a specific allegation against SHP in his complaint, and a theory of *respondeat superior* is insufficient in any event to support a §1983 claim. Therefore, even the broad assertion that SHP was generally responsible for the acts or omissions of its medical staff would be inadequate to prove liability. For this reason, SHP is entitled to a full and final summary judgment. See, *Monell*, 436 U.S. at 691-92; *Edwards*, 81 F.Supp.2d at 1255.

C. The plaintiff's claims are barred by the Prison Litigation Reform Act for his failure to exhaust administrative remedies.

The Prison Litigation Reform Act requires exhaustion of all available administrative remedies before an inmate may file a lawsuit under 42 U.S.C. § 1983. See 42 U.S.C. § 1997e(a); *Booth v. Churner*, 532 U.S. 731, 733-34 (2001) (stating that 42 U.S.C. § 1997e(a) "requires a prisoner to exhaust 'such administrative remedies as are available' before suing over prison conditions."). Exhaustion is required for "all inmate suits about prison life, whether they involve general

circumstances or particular episodes, and whether they allege excessive force or some other wrong.”

Porter v. Nussle, 534 U.S. 516, 532 (2002).

The plaintiff has not alleged that he pursued any grievance through the State Board of Adjustment or through the jail’s grievance procedure. See *Brown v. Tombs*, 139 F.3d 1102, 1103-04 (6th Cir. 1998) (requiring prisoners to affirmatively show that they have exhausted administrative remedies). Alabama law provides the opportunity to file a claim and proceed before the Alabama State Board of Adjustment pursuant to Ala. Code § 41-9-60 et seq.

Because the plaintiff failed to exhaust all administrative remedies, the plaintiff’s claims are barred by 42 U.S.C. § 1997e(a). See *Alexander v. Hawk*, 159 F.3d 1321, 1326-27 (11th Cir. 1998) (affirming dismissal of present action due to failure to exhaust administrative remedies).

VII. REQUEST THAT SPECIAL REPORT BE TREATED AS MOTION FOR SUMMARY JUDGMENT.

A. Summary Judgment Standard

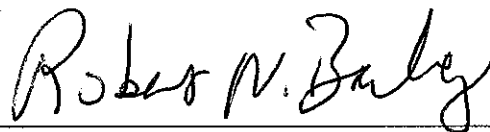
Pursuant to Rule 56 of the Federal Rules of Civil Procedure, Defendants move this Court to enter summary judgment in their favor, because, as is more particularly shown above, there is no genuine issue as to any material fact and they are entitled to judgment as a matter of law.

On a motion for summary judgment, the court should view the evidence in a light most favorable to the nonmovant. However, a plaintiff “must do more than show that there is some metaphysical doubt as to the material facts.” *Matsushita Elec. Indus. Co. v. Zenith Radio Corp.*, 475 U.S. 574, 586 (1986). Only reasonable inferences with a foundation in the record inure to the nonmovant’s benefit. See *Reeves v. Sanderson Plumbing Products, Inc.*, 530 U.S. 133 (2000). “[T]he court should give credence to the evidence favoring the nonmovant as well as that ‘evidence

supporting the moving party that is uncontradicted or unimpeached, at least to the extent that that evidence comes from disinterested witnesses.” *Reeves*, 530 U.S. at 151, quoting 9A C. Wright & A. Miller, *Federal Practice and Procedure* § 2529, p. 299. “A reviewing court need not ‘swallow plaintiff’s invective hook, line and sinker; bald assertions, unsupportable conclusions, periphrastic circumlocutions, and the like need not be credited.’” *Marsh v. Butler County*, 268 F.3d 1014, 1036 n.16 (11th Cir. 2001) (*en banc*) quoting *Massachusetts School of Law v. American Bar*, 142 F.3d 26, 40 (1st Cir. 1998).

B. Motion for Summary Judgment

Defendants respectfully request that this honorable Court treat this Special Report as a motion for summary judgment and grant unto them the same.



Daniel F. Beasley (BEA059)
Robert N. Bailey, II (BAI045)
Attorneys for Defendants

OF COUNSEL:

LANIER FORD SHAVER & PAYNE P.C.
200 West Side Square, Suite 5000
Huntsville, AL 35801
(256) 535-1100

CERTIFICATE OF SERVICE

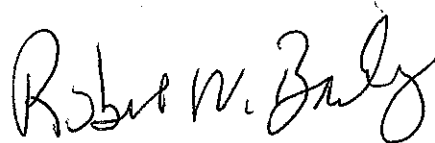
I hereby certify that I electronically filed the foregoing with the Clerk of the Court using the CM/ECF system which will send notification of such filing to the following:

John Robert Faulk
McDowell, Faulk & McDowell
145 West Main Street
Prattville, AL 36067-3033

and I hereby certify that I have mailed by United States Mail, postage prepaid, the document to the following non-CM/ECF participant:

have mailed by United States Mail, postage prepaid, the document to the following non-CM/ECF participant on this the 26th day of July, 2006:

James G. Huffman
Autauga County Jail
136 North Court Street
Prattville, AL 36067

A handwritten signature in black ink, appearing to read "Robert W. Baly", is written over a horizontal line.

Of Counsel

[yr] \\\FSPSQL\CPSHare\CPWin\HISTORY\061114_000\171F3.1C

Southern Health Partners
MASTER PROBLEM LIST

For Use with Chronic Condition Patients. Chronic Conditions are classified as (but not limited to): Diabetes (IDDM/NIDDM), Hypertension, Pregnancy, HIV/AIDS, Asthma, Seizures, Diagnosed Mental Illness, CHF, Hepatitis.

Patient's Name (Last/First/Middle): Huffman, James.

ID#: 33089 DOB: 10/29/53 Sex: M Intake Date/s: _____

Date Problem Identified/Dx	Chronic Condition	M.D. Comments	Date Of Initial M.D. Eval	M.D. Initials
11/1/05	H7N			N
11/1/05	Depression			N

H & P Date: 1/3/06 Allergies: NKA

PPD Test Date: 1/3/06 PPD Results Date: 1/5/06 PPD Results: 0 mm

Facility Name: Antelope Co Jail
Revised 02/8/04 J.C.

DATE:

5/40 W8?

9/13/05

Has been in here for 2 days.

Takes Plavix 75, 2000, ranax 2mg bid,
Got out of Cooper Green last on 8/18.PMH: medical - 2 strokes - saw Triller -
MR Jan, '04
Anxiety -

surgery - ruptured spleen - 11/04

Back -

CH: still smokes 1/2 pack.

BP 148/96

lungs - clear

w - RRR 50%

Lungs

sputum 6/25/05

Lungs 40

ranax 2mg bid

2000

Naproxen

pangol

A: ASCVD

Plan - P

Plavix 75 daily,
naproxen 40~~ranax 2mg~~

paxil 40 @ night.

Vasotec 20 bid.

Aranax 25 bid

1/4

9/29/05

He here got his heart meds last week.

Was on Plavix 75, 2010, niaspirl,
Dangrel 150, 875n box 20/60
Xanax 2 y bid.

PE: /

A: ASD

Plav - will A delay to last
@ night.

10/6/05 Not sleeping - Not on
any drug for heart @ night
Xanax.

PE: / @

A: ASD

Plav - delay 100 hrs.

1/5

In COPD maintenance therapy

COMBIVENT
INHALATION AEROSOL

Visit

In free patient information



Blood Pressure Record Form

Inmate's Name: Huffman, James

D.O.B.: 10/29/53

Orders/Instructions: BP ✓ 2 wk

Have M.D. review findings upon visit

Physician: _____

Administrator: _____

[illegible][illegible]



INMATE SICK CALL SLIP – MEDICAL REQUEST

RECEIVED
12/15/05

TO BE COMPLETED BY INMATE: Please complete the top half of the Sick Call Slip and return it to the correctional officer and/or medical staff for submission and review by the medical staff. The medical staff will arrange for you to be seen by the appropriate medical staff member. You will be charged in accordance with the medical co-pay system at this facility.

Today's Date: 12/10/05 Pod/Location: 4D Cell: 403 ID# 29089

Inmate's Full Name: James G. Huffman

Complaint/Problem: My cardiologist, i.e., Doctor Finlea told me after my heart surgery that I

needed to take Plavix every day for life why
was I taken off of it? there could be any medical
How long have you had this problem? since taken off of Plavix

Inmate's Signature: James G. Huffman Date: 12/10/05

TO BE COMPLETED BY MEDICAL STAFF:

Note Patient's Vital Signs: Temp 97.9 Resp 18 Pulse 93 B/P 118/77

Instructions/Assessment: Document your findings, Inmate's responses/actions Pt education
on meds being taken. Advised I/m to have
Plavix brought from home, to take own meds.

- ☐ Received Orders – thru Treatment Protocols; via telephone order; via verbal order
- ☐ Follow-Up Required? If checked, date to be seen again _____
- ☐ Chronic Condition
- ☐ Inmate to be charged through medical co-pay for this visit

Date Seen by Medical: 12/16/05 Seen by: R

Place original form in patient's medical record.


12/10/05

~~OFF~~ ~~IT WAS~~

TAKEN OFF OF THIS IMPORTANT
MEDICATION I NEED TO BE TOLD WHAT MEDICAL
REASON EXIST TO MERIT MY ARBITRARILY
AND CAPRITIOUSLY BEING TAKEN OFF OF
THIS MEDICINE.

I ALSO WANT TO KNOW WHAT OTHER
MEDICATIONS HAVE BEEN PRESCRIBED
FOR ME, AS NONE ARE WHAT MY
CARDIOLOGIST AND PHYSICIANS
GAVE ME.

THANKS

James 

MEDICAL HISTORY & PHYSICAL ASSESSMENT

Problems	Yes	No	Problems	Yes	No	Problems	Yes	No
Vision	✓		Hypertension		✓	Gonorrhea		✓
Hearing		✓	Anemia		✓	Syphilis		✓
Balance/Dizziness		✓	Blood		✓	Muscle Problem		✓
Blackouts		✓	Stomach Pain		✓	Joint Problem	✓	
DT's		✓	Heartburn		✓	Arthritis		✓
Headaches		✓	Ulcer		✓	Other		
Seizures		✓	Nausea/Vomiting		✓	Other		
Nervous Disorder		✓	Gall Bladder		✓	Regular Menstrual Period		
Throat	✓		Liver		✓	Irregular Menstrual Period		
Teeth	✓		Hepatitis		✓	# of days Menstrual Period		
Asthma		✓	Diabetes		✓	LMP		
Hay Fever		✓	Kidney Disease		✓	Gravida/Para		N/A.
Pneumonia		✓	Bladder Infection		✓	Last Pap		
Tuberculosis		✓	Trouble Voiding		✓	Contraception		
Heart	✓		Pediculi (lice)		✓	Other		

EXAM:

Age 52 Sex M Race W Ht. 6' 0" Wt. 165Pulse 71 BP 135/69 Temp. 98.2 Resp. 18

Area/Type	N	A/Comment	Area/Type	N	A/Comment
Skin: Color Condition Turgor Recent Inj.		normal	Chest (Breasts): Configuration Auscultation Respirations Cough/Sputum		normal
Head: Glasses Pupils Sclera Conjunctiva Vision		normal	Heart: Auscultation Radial pulse Apical pulse Rhythm		normal
Ears: Appearance Canals Hearing		normal	Extremities: Pulses Edema Joints		normal.
Mouth: Teeth/Gums Dentures Plates Throat Tongue Tonsils		normal	Abdomen: Shape Palpation Hernia Bowel Sounds		normal.
Nose		normal	Spine		normal.
Neck: Veins Mobility Thyroid Carotids Lymph nodes		normal	Genital/Urinary System		normal.

LABORATORY TESTS

	Date & Initial	Results
Was PPD planted and read timely?	11/3/06.	+
VDRL / RPR		
Other Lab Tests needed:		
Pregnancy Test?		

MENTAL HEALTH OBSERVATION

	N	A/Comment
Orientation (person, place, time)		normal
General appearance (motor behavior, mannerisms)		normal
Affect (mood)		normal
Content of thought, history of suicide, present thoughts of suicide		normal.

Physical Examiner's Signature: A. Henry MDDate: 11/3/06Physician's Signature: [Signature]Date: 11/5/06

ADMISSION DATA / HISTORY AND PHYSICAL FORM

135/69
71.

Exam Date: 11/3/06 S.S.#: 418-78-9424 ID#: _____
 Inmate Name: Huffman, James Date Booked: _____
 Alias: _____ County: Autauga
 Address: 1316 Hall Ave, Bessemer, AL 36020
 Telephone: _____ Birthdate: 10/29/53 Religion: _____
 Education Completed: B.A. Alabama Science Special Education: _____
 Marital Status: (S) M W D Separated Read/Write English: (YES) NO Other: _____
 Previous Incarcerations: (Facility/Date) Dallas CO, 2004-2005

MEDICAL HISTORY

Notify in Emergency: Blankenship Loure Uncle
 Address: 2562 Winchester Rd, Mont AL 36100 Phone: 396-8414
 Health Insurance: _____
 Family Physician: DR. Linkelea, Mont AL
 Past Hospitalizations (include surgeries): Heart, 2005. stints in Heart.
 Head Injury with Loss of Consciousness: NO Last Tetanus: 2005 Immunization: _____
 Allergies: Codine
 Current Medication(s): _____

MENTAL HEALTH EVALUATION

Hospitalization for Mental Health Reasons: YES (NO) If Yes, Why: _____
 Where: N/A When: _____
 Psychotropic Meds (Specify type and last dose): N/A yes.
 Prior Counseling/Out-Patient Treatment for: Yes. Anxiety
 Where: Cahaba mental health, Selma AL When: Bipolar - 2005
 Have you ever attempted suicide: NO How: _____ When: _____
 Have you recently considered committing suicide? NO
 Do people consider you a violent person? NO
 Have you ever been arrested for a violent crime/sexual offense? (Specify) NO
 Street drugs: NO Smoker: yes, 1/2 pack EtOH: NO
 Inmate's Signature: James Huffman Date: 10/10/03/06
 Interviewer's Signature: A. Hensley Date: 11/3/06
 Witness: (If physical is refused): _____ Date: _____



SOUTHERN
HEALTH
PARTNERS

TB SKIN TEST VERIFICATION FORM

Prior to administering the TB skin test, please complete the information below. After administering the TB skin test, place this form in a central location for the test to be read within 72 hours. Once all information has been completed, file this completed form in the patient's medical record.

Inmate Name: Huffman, James Cell # 3
SS# 418-78-9424 DOB 10/29/53 ☒ Male or Female

Date of TB Skin test: 1/3/06 Done by Nurse: A. Norky, RN
Previous Positive: YES or ☒ NO Previous Therapy: YES or ☒ NO

TEST TO BE READ WITHIN 72 HOURS - COMPLETE BELOW INFORMATION:

Date TB Skin test was read: 1/5/06 Done by Nurse: B. Car

Number mm: 0 Referral for Chest X-ray: YES or ☒ NO If yes, Date of CXR: _____

Comments: _____

TEAD IN HALE

TEAD IN HALE

Southern Health Partners, Inc.
TB Consent Form

Exp. Date #: 5/07.
Results: 0

Tuberculosis Screening and Treatment

What is Tuberculosis:

Tuberculosis ("TB") is a serious, infectious (transmitted through the air) disease that most commonly affects the lungs. In the lungs, the bacteria destroys elastic lung tissues and is replaced with fibrous connective tissues. The general symptoms of active TB are often subtle, unnoticeable and may include: Fatigue; Weight Loss; Fever; Chills; and Night Sweats. Symptoms of TB in the lungs may include: a persistent cough; chest pain; and coughing up blood. Although TB is preventable and can be cured with proper medication, 5% to 10% of those with active TB will die from the disease. This is usually due to patients not taking their medications correctly or improper drug treatment. TB is usually diagnosed through the use of the Mantoux tuberculin skin test. In this test, a dose of purified protein derived from the Tubercle bacilli, which is non-infectious, is injected into the upper layer of skin on the inside of the forearm. Forty-eight to 72 hours after the injection, the test site is examined. In most cases a hardened area of tissue 10 millimeters or larger is considered an indication of infection with TB, but it is not necessarily an indication of having active TB. Chest x-rays and sputum smears and cultures are used to test for active TB.

There are several high risk groups in the US that are known to have a high rate of TB. They include:

- The homeless;
- IV drug users
- Alcoholics;
- Prison inmates
- The elderly;
- Persons with HIV infections/AIDS

Screening:

Upon consent, all new inmates who are processed into jail, without written proof of receiving TB testing in the past year, will receive purified protein derivative (PPD) during the health screening. A nurse will read the PPD forty-eight (48) to seventy-two (72) hours afterwards and document the results in the patient's medical file. The patient will be instructed during the health screening to the necessity of follow-up medical care, the results (both positive or negative) and treatment which may be necessary.

Treatment:

During the screening, if a patient states he/she is past positive, we will not plant PPD, but will obtain a chest x-ray to see if the tuberculosis is active. When a nurse reads a positive PPD, a chest x-ray will be ordered as per physician protocol. The patient will receive information regarding the test results, symptoms of TB, proposed treatment, and follow-up care, etc.

Should the chest x-ray suggest active TB, the local Health Department, SHP Medical Team Administrator, and SHP corporate office should be notified immediately. Initiating therapy/treatment should begin under the recommendations of the local Health Department and in conjunction with the jail physician. The jail will immediately segregate the patient from general population. All people who have come in contact with the patient will have a skin test. The patient will have restricted movement and visitors in the jail, and will be required to wear a mask at all times during contact with staff and/or other persons, until subsequent tests prove no longer infectious.

All new inmates who are processed into the jail, who are on treatment and deemed not infectious will be housed in general population. If a patient is released from Jail during therapy, the local Health Department will be notified and provided with the patient's release location and/or the patient's last known address.

Consent for Testing/Treatment:

I hereby give my consent for TB testing and/or treatment, if needed. I have read and understand the above information regarding testing and treatment procedures.

Signature: James C. Huff

Date: 1/3/06

Witness: A. Harley

Date: 1/3/06

Confidential Medical Information

MEDICAL STAFF RECEIVING SCREENING FORM

Southern Health Partners, Inc.

LAST NAME TIME AM/PM	FIRST NAME	MIDDLE	INTAKE DATE	SCREENING DATE
Huffman	James			
PREVIOUS INCARCERATIONS	SEX	SOCIAL SECURITY NO.	DOB	
Antelope 06.	M.	418-78-9424	10/29/53	
CURRENT INSURANCE COVERAGE(S)	CURRENTLY UNDER PHYSICIAN'S CARE FOR CHRONIC CONDITION			
BC/BS				

VISUAL / MEDICAL OBSERVATION: (Explain all "Yes" Answers) Circle Y or N:

	YES	NO
Is inmate unconscious or showing visible signs of illness, injury, bleeding, pain, or other symptoms suggesting the need for immediate emergency medical referral? If yes:	Y	(N)
Are there any visible signs of fever, jaundice, skin lesions, rash, or infection: cuts, bruises, or minor injuries; needle marks, body vermin? If yes:	(Y)	N
Does the inmate exhibit any signs that suggest the risk of suicide, assault, or abnormal behavior? If yes:	Y	(N)
Does the inmate appear to be under the influence of, or withdrawing from drugs or alcohol? If yes:	Y	(N)
Is the inmate's mobility restricted in any way due to deformity, cast, injury, etc. If yes:	Y	(N)

ASK THE INMATE THESE QUESTIONS: (Explain all "Yes" answers)

Have you had or been treated for: (circle as appropriate) asthma, diabetes, epilepsy, heart condition, high blood pressure, mental health problems, seizures, ulcers, or other conditions? Other:	(Y)	N
Have you taken or are you taking any medication(s) prescribed for you by a physician? If yes:	(Y)	N
Are you allergic to any medications, foods, plants, etc.? <u>codeine</u> If yes:	(Y)	N
Have you fainted or had a head injury within the last 72 hours? If yes:	Y	(N)
Do you have or have you been exposed to AIDS, hepatitis, TB, VD, or other communicable disease? If yes:	Y	(N)
Have you been hospitalized by a physician or psychiatrist within the last year? If yes: <u>Birmingham, AL</u>	(Y)	N
Have you ever considered or attempted suicide? If yes:	Y	(N)
Do you have a painful dental condition? If yes:	(Y)	N
Are you on a specific diet prescribed by a physician? If yes:	Y	(N)
Do you use drugs? How often? What kind? Last time? How much?	Y	(N)
Do you use alcohol? How often? What kind? Last time? How much?	Y	(N)
Females: LMP Date: Are you pregnant, recently delivered or aborted; on birth control pills; having abdominal pain or discharge? If yes:	Y N/A	

NOTE VITAL SIGNS:

Respiration: 18	Pulse: 75	Temperature: 98.6	Blood Pressure: 109/59
-----------------	-----------	-------------------	------------------------

HAVE ALL CONCERNS FROM OFFICER INTAKE FORM BEEN ADDRESSED WITH INMATE? yesARE ALL STATED CHRONIC CONDITIONS NOTED? yesPPD IMPLANTED? Y OR (N) ARM LOCATION: R OR L IS H&P SCHEDULED FOR 14 DAYS: noREMARKS: bruising bilateral groin area Done on 1/3/06
from Heart Block.

I have answered all questions truthfully. I have been told and shown how to obtain medical services and advised on how to obtain medication upon release. I hereby give my consent for professional services to be provided to me by and through Southern Health Partners, Inc.

Inmate's Signature: James E Huffman Date: 5-1-06
Interviewer's Signature and Title: RC Date: _____

DEA NO. _____ Rx NO. _____
 PATIENT James Huff ALA. CSC NO. _____
 ADDRESS _____ DATE 4/26/06
 AGE _____

- REFILL 0 X
- 1) Plavix 75g 1 po qd #30
 - 2) Monopril 20g 1 po qd #30
 - 3) Zocor 40g 1 po qhs #30
- Refill

W. D. Gault PA-C LABEL BY NAME AND STRENGTH
 Product Selection Permitted M.D. _____ Dispense As Written M.D. _____

W. D. Gault PA-C 408/Dr. McBrayer

SM-91-5067#A01078REV 2/02/05

☐ SOUTH 286-2843
☐ EAST 244-8448
☐ PRATTVILLE 361-4239

RESCRIPTION FORM

**Baptist Health
Emergency**



BO611900267 HUFFMAN, JAMES G
 DOB: 10/29/53 Age: 52Y MR #319167
 Admit Date/Time: 04/29/06 1755P
 915 FALERO, WALLACE G

Weight	Phone	Allergies	Location
			South

MEDICINES PRESCRIBED		If non, check this box: <input type="checkbox"/>		VOID IF NOT PRINTED WITH CRANBERRY BACKGROUND.	
Name/Strength	Number	Schedule / Duration	No Refills	Refills	
1. <i>Ultram 500</i>	<i>7-11-06 44 per pain</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. <i>Prozac 20</i>	<i>410</i>		<input type="checkbox"/>	<input type="checkbox"/>	
3.			<input type="checkbox"/>	<input type="checkbox"/>	
4.			<input type="checkbox"/>	<input type="checkbox"/>	
5.			<input type="checkbox"/>	<input type="checkbox"/>	

Erin R. Barlow AL - 22654 DEA - 88525248	Joel Sullivan DEA - JS2020066 ARN - 10084	Ronald A. Shaw AL - 8338 DEA - AS5646813	Julio Enrique Rios ARN - 21678 DEA - EF8471326	Wallace Falero AL - 9405 DEA - AF1092119	James M. Bradwell DEA - 885422086 AL - 22767
David G. Alexander DO - 857 AA3259226	John Macintosh DEA - AM6959119 ARN - 7151	Jessie Austin DEA - JAS34075 ARN - 6595	Tom Decaro DEA - AD2628355 ARN - 11389	Henry Kumsz III DEA - AK2322116 AL - 22188	<i>DAVID A. HOWES</i> <i>GH2531166</i> <i>22703</i>
Victoria L. Beckman DEA - 885253865 AL - 22440	Steven G. O'Mara DEA - SO1739074 DO - 713	Brad Frable DEA - BF2524583 ARN - 15388	Thomas Arnold DEA - AA5548555 ARN - 18275	Paul Tarabe ARN - 7153 DEA - 8922-898	

M.D./D.O.

Dispense as Written

BSB-0082 (06/02)

M.D./D.O.

Product Selection Permitted

Label all prescriptions

No-refills



INMATE SICK CALL SLIP – MEDICAL REQUEST

TO BE COMPLETED BY INMATE: Please complete the top half of the Sick Call Slip and return it to the correctional officer and/or medical staff for submission and review by the medical staff. The medical staff will arrange for you to be seen by the appropriate medical staff member. You will be charged in accordance with the medical co-pay system at this facility.

Today's Date: 05-10-06 Pod/Location: D-3 Cell: _____ ID#: _____

Inmate's Full Name: JAMES GRANT HUFFMAN

Complaint/Problem: I have an abscessed tooth, a molar, on the right bottom jaw that is very swollen and has puss in and around it. I need something for infection and pain & to see a dentist.
How long have you had this problem? for about 2 days

Inmate's Signature: James G Huffman Date: 05/10/06

TO BE COMPLETED BY MEDICAL STAFF:

Note Patient's Vital Signs: Temp 98 Resp 20 Pulse 71 B/P 135/83

Instructions/Assessment: Document your findings, Inmate's responses/actions Abscess @ 6 molar
Keflex 500mg BID x 7 days Paracetamol BID x 7 days per tx
protocol. Added to dental list - M. Oakin

☒ Received Orders -- thru Treatment Protocols; via telephone order; via verbal order

☐ Follow-Up Required? If checked, date to be seen again _____

☐ Chronic Condition

☒ Inmate to be charged through medical co-pay for this visit

Date Seen by Medical: 5/10/06 Seen by: M. Oakin

Place original form in patient's medical record.

Corporate Office: 3712 Ringgold Rd., #364, Chattanooga, TN. 37412

Phone: (423) 553-5635 Fax: (423) 553-5645

PATIENT REFERRAL INFORMATION FORM

The patient is currently incarcerated at the jail facility listed below. Patient has been referred to your ER/Facility regarding his/her symptoms or conditions listed below. All subsequent tests, procedures, and outpatient services other than requested service must be communicated and approved by the medical contact person at the jail facility to ensure justification. Failure to notify the medical contact person may result in reduced benefits and/or possible denial of payment. If hospital admission is necessary, please communicate any and all medical information as well as an estimated length of stay to our Utilization Review Department at our corporate office at the # listed above. Certification, justification, or treatment plan of continued services must be obtained to guarantee payment of the claim. Please, note we have a NO NARCOTIC policy at the jail due to the uncontrolled access to medications within the facility. Please, refer to our site medical staff for formulary adherence. Thank you for your cooperation in this matter.

TO BE COMPLETED BY THE MEDICAL STAFF AT THE JAIL/PRISON:

Appt. Date/Time: 5/24/06 Patient's Name (Last/First): Huffman, James
 11:00 AM
 DOB: 10/29/53 SS#: 418-78-9424 Sex ☒ M ☐ F Inmate Loc: 3
 Referring Facility/Site: Putauga Metro Appt. Destination: Dentist - Dr. Roberson
 Address & Phone #: _____
 Medical Contact (RN/MD): TINA Ellis, MTA Site Physician: Dr. Nichols
 Medical Unit Phone #: 334-358-3729 Site Medical Unit Fax #: 334-358-4827
 Reason For Referral: (include Hx of illness/injury, present and past treatment with patient results, lab and/or x-ray results, findings from physical exam, patient limitations, allergies, medications, etc.)
Tooth Decay - Extraction?
 Service Requested: EVAL/TX

TO BE COMPLETED BY THE REFERRAL STAFF AND RETURNED WITH INMATE BACK TO THE FACILITY:

Findings: infected tooth # 29, #30 - PKOXT
 Planned Treatment: 4 clindamycin - extracted # 29, #30
 Hospital Physician Orders: _____
 Hospital Contact (Include Phone #): _____ Notes: _____

Please, return this form with the correctional staff upon discharge of the patient or fax directly to the site fax # listed above. If inpatient hospitalization is required, medical staff MUST be notified immediately.

Justification for payment of services is only guaranteed during the time of actual confinement of the inmate under the custody of the above jail/prison and under the terms of our County contract.



INMATE SICK CALL SLIP - MEDICAL REQUEST

TO BE COMPLETED BY INMATE: Please complete the top half of the Sick Call Slip and return it to the correctional officer and/or medical staff for submission and review by the medical staff. The medical staff will arrange for you to be seen by the appropriate medical staff member. You will be charged in accordance with the medical co-pay system at this facility.

Today's Date: 05/17/06 Pod/Location: D-3 Cell: _____ ID# _____

Inmate's Full Name: JAMES G. HUFFMAN

Complaint/Problem: I AM STILL HURTING REAL BAD IN MY GROIN WHERE I WAS HURT BY THE SURGEONS

DURING MY HEART CATH, IT BURNS AS WELL AS CRAMPS DOWN THERE, SOMETHING IS WRONG!

How long have you had this problem? SINCE SURGERY ON 04/28/06!

Inmate's Signature: James G. Huffman Date: 05/17/06

TO BE COMPLETED BY MEDICAL STAFF:

Note Patient's Vital Signs: Temp 97° Resp 20 Pulse 92 B/P 126/71

Instructions/Assessment: Document your findings, Inmate's responses/actions I'm not in acute distress @ this time - will let Dr. Nichols evaluate - Added to MR list - M. Oak
Late Entry - Dr. Nichols saw this pt on 5-11-06
so this will be a follow up

- ☐ Received Orders - thru Treatment Protocols; via telephone order; via verbal order
☐ Follow-Up Required? If checked, date to be seen again _____
☐ Chronic Condition
☐ Inmate to be charged through medical co-pay for this visit

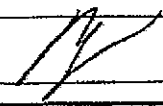
Date Seen by Medical: 5/19/06 Seen by: M. Oak

Place original form in patient's medical record.

I'VE HAD 4 F. EVIDUS CATH'S DO'E AND I'VE
NEVER HAD THE PROBLEMS I AM HAVING NOW.
I'M IN SEVERE PAIN, AND NEED TO BE EITHER
X-RAYED OR HAVE AN ULTRASOUND DONE ON
ME BECAUSE SOMETHING IS TERRIBLY WRONG!
PLEASE HELP ME.

Thank you,
James G. Huffman

PROGRESS NOTES

DATE	NOTES SHOULD BE SIGNED BY PHYSICIAN
5/11/06	<p>Back in jail since 4/30.</p> <p>Had a heart cath in Alaska on 4/23 & D/C'd on 4/27 had PTA & stent.</p> <p>Have had a lot of pain in left groin & testicle swollen a little. When kept off traction in ptg & then he passed out & had to have blood stopped at Jackson in surgery -</p> <p>? got some blood. Still swollen in groin.</p> <p>PE: /</p> <p>Infract ing. bruise on left ls. hematoma vs. any pain in inguinal canal.</p> <p>A: Aortic Aneurysm</p> <p>PTA</p> <p>Play → same R.</p>
5/25/06	<p>Still pretty sore in left inguinal area. Also have some fullness in upper abdomen.</p> <p>PE: /</p> <p>⊕ tender epigastrium</p> <p>⊕ tender on left lower area. No heme/occult.</p> <p>A: Aortic Aneurysm</p> <p>Gastritis</p> <p>Play → 2 more 150 brd K 10 L</p> <p>Doctor's Signature: </p>



Corporate Office: 3712 Ringgold Rd., #364, Chattanooga TN 37412 Phone: (423) 553-5635 Fax: (423) 553-5645

PATIENT REFERRAL INFORMATION FORM

This patient is currently incarcerated at the jail facility listed below. Patient has been referred to your ER/facility in regarding to his symptoms/conditions listed below. All subsequent tests, procedures, and outpatient services other than requested service must be communicated and approved by the medical contact person at the jail facility to ensure justification. Failure to notify the medical contact person may result in reduced benefits and/or possible denial of payment. If hospital admission is necessary, please communicate any and all medical information as well as an estimated length of stay to our Utilization Review Department at our corporate office (423) 553-5635. Certification, justification, and/or treatment plan of continued services must be obtained to guarantee payment of the claim. Please note we have a NO NARCOTIC policy at the jail due to the uncontrolled access to medications within the facility. Please refer to our site medical staff for formulary adherence. Thank you for your cooperation in this matter.

TO BE COMPLETED BY THE MEDICAL STAFF AT THE JAIL/PRISON:DATE: 5/30/06 PATIENT'S NAME (LAST/FIRST): Huffman, JamesHOUSING FACILITY/SITE: Antauga Metro JailD.O.B.: 10-29-53 SEX: (M) F S.S.#: 418-78-9424 I.D.#: 33089SITE PHYSICIAN: K. Nichols SITE MEDICAL CONTACT (RN/LPN): Lina Ellis, MTA
3729SITE MEDICAL UNIT PHONE #: 334-358-~~8828~~ SITE MEDICAL UNIT FAX #: 334-358-4827

REASON FOR REFERRAL: (INCLUDE HX OF ILLNESS/INJURY, PRESENT AND PAST TREATMENT WITH PATIENT RESULTS, LAB AND/OR X-RAY RESULTS, FINDINGS FROM PHYSICAL EXAM, PATIENT LIMITATIONS, ETC.):

Severe Chest painSERVICE REQUESTED: Eval.**TO BE COMPLETED BY THE REFERRAL STAFF AND RETURNED WITH INMATE BACK TO THE FACILITY:**FINDINGS: Normal EKG & labsPLANNED TREATMENT: Return to jail - Return for problem - needsER/HOSPITAL PHYSICIAN ORDERS: to follow up withER/HOSPITAL CONTACT (INCLUDE PHONE NUMBER): BMC Prison Health Fug 2
361-4239

NOTE(S):

PLEASE RETURN THIS FORM WITH THE CORRECTIONAL STAFF UPON DISCHARGE OF THE PATIENT OR FAX DIRECTLY TO THE SITE FAX NO. NOTED ABOVE. IF INPATIENT HOSPITALIZATION IS REQUIRED, MEDICAL STAFF MUST BE NOTIFIED IMMEDIATELY. THANK YOU.

Authorization for payment of service is only guaranteed during the time of actual confinement of the inmate under the custody of the above listed jail/prison and under the terms of our County contract.

Form 12/03

☐ SOUTH 286-2843
☐ EAST 244-8448
☐ PRATTVILLE 361-4239

F0615000782 HUFFMAN, JAMES G
 DOB: 10/29/53 Age: 52Y MR #: 191817
 Admit Date/Time: 05/30/06 1929P
 917 SULLIVAN, JOEL C

ptist
 LTH

ER PRESCRIPTION & DISCHARGE INSTRUCTIONS

Page 1 of 3

PRESCRIPTION FORM

Weight	Phone	Allergies	Tetracycline	Location SOUTH
MEDICINES PRESCRIBED		If non, check this box: <input type="checkbox"/> VOID IF NOT PRINTED WITH CRANBERRY BACKGROUND.		

Name/Strength	Number	Schedule / Duration	No Refills	Refills
1. <i>Plavix #30 i po daily</i>			<input checked="" type="checkbox"/>	
2.			<input type="checkbox"/>	
3.			<input type="checkbox"/>	
4.			<input type="checkbox"/>	
5.			<input type="checkbox"/>	

Dante DeJesus
 DEA - BD 9322083
 AL 28777

Joel Sullivan
 DEA - AS2020066
 ARN - 10084

Ronald A. Shaw
 DEA - BR2471326
 AL - 6388

Julio Enrique Rios
 DEA - BR2471326
 ARN - 21678

Wallace Falero
 DEA - AF1692118
 AL - 9405

James M. Bradwell
 DEA - BB6422086
 AL - 22767

David G. Alexander
 DO - 657
 AA3259226

John McCorhouse
 DEA - AM0869119
 ARN - 7151

Jessie Austin
 DEA - AD8394075
 ARN - 8585

Julian Mahaganasan
 DEA - BM7657121
 AL 24516

George Smith
 DEA AS2179706
 AL 11413

James Thomas
 DEA - BT3842938
 DO 974

Victoria L. Beckman
 DEA - BB6253885
 AL - 22440

Carlos Gutierrez
 DEA - BG6816203
 AL 24853

Joshua Kolpac
 DEA - BK6520724
 AL 28945

James Matic
 DEA BM3360536
 AL 17681

David Mines
 DEA BH2531160
 AL 22703

LABEL ALL PRESCRIPTIONS

No Refills

Product Selection Permitted

M.D./D.O.

Dispense as Written

M.D./D.O.



ER PRESCRIPTION & DISCHARGE INSTRUCTIONS

Page 3 of 3

DISCHARGE INSTRUCTIONS - MEDICAL CHART

Weight	Phone	Allergies	Location SOUTH
MEDICINES PRESCRIBED		If non, check this box: <input type="checkbox"/>	VOID IF NOT PRINTED WITH CRANBERRY BACKGROUND.

Name/Strength;	Number	Schedule / Duration	No Refills	Refills
1.			<input type="checkbox"/>	
2.			<input type="checkbox"/>	
3.			<input type="checkbox"/>	
4.			<input type="checkbox"/>	
5.			<input type="checkbox"/>	

INSTRUCTIONS SHEET(S) GIVEN

- ☐ Asthma
☐ Back Pain
☐ Cast/ Splint Care
☐ Crutches
☐ Fever
☐ Fracture

- ☐ Head Injury
☐ Otitis Media
☐ Sprains / Bruises
☒ ST

- ☐ Threatened Ab
☐ Vomiting / Diarrhea
☐ Wound Care
☐ Other(s)

- Return for signs of infection
 Increased Redness
 Increased Swelling
 Increased Drainage
 Increased Heat

Additional Instructions:

Referred to:

- ☐ Dr.
 Phone:
☐ Call on next business day for follow-up appointment
 in days / weeks ☐ Next available

- ☐ Return to Emergency Dept in hours / days for recheck.
☒ If no improvement or your condition worsens, call your private physician or return to the Emergency Department for a recheck.
☒ Learning needs assessed ☐ Instructions Modified
☐ Education provided on new Medication

I understand that the treatment I have received was rendered on an emergency basis and is not meant to replace complete care from a primary care provider or clinic. Furthermore, I many have been released before all of my medical problems were apparent, diagnosed, and/or treated. If my condition worsens, I have been instructed to call my primary care provider or return to this facility or the nearest emergency center. I understand that I should NOT drive or perform hazardous tasks if my medication or treatment causes drowsiness. I have read and understand the above, received a copy of this form and applicable instruction sheets, and I will arrange for follow-up care. If diagnostic tests indicate a need for modification in therapy, you will be notified at the phone number you provided.

X James G. Hoffman
 Patient
 Relative
 Other

Time Released: >

02:09 HS

INSTRUCTED BY:

PHYSICIAN:

WORK/SCHOOL STATEMENT from the Emergency Department

PATIENT

DATE

- ☐ Patient was seen by Dr.
☐ No athletics / physical education: days
☐ May return to work/school without restrictions
☐ Will require time off work / school. Estimated time: days*
☐ Must be reevaluated by family / occupational physician before returning to school / work.

- ☐ May return to restricted duties for days*
 Restrictions:
☐ was here with relative/child.
☐ Other

Time off from school or work longer than three days should be approved by a Personal or Company/Occupational Medicine Physician, unless otherwise stated



ER 160

Filed 11/27/2006

PROGRESS NOTES



INMATE SICK CALL SLIP – MEDICAL REQUEST

TO BE COMPLETED BY INMATE: Please complete the top half of the Sick Call Slip and return it to the correctional officer and/or medical staff for submission and review by the medical staff. The medical staff will arrange for you to be seen by the appropriate medical staff member. You will be charged in accordance with the medical co-pay system at this facility.

Today's Date: 06/28/06 Pod/Location: 6 pod Cell: floor ID# _____

Inmate's Full Name: James Grant Huffman

Complaint/Problem: I am experiencing severe pain in my back, neck and hip from the injuries I received when I was pushed down the stairs in 3 pod when I was assaulted by another inmate on June 26, 2006
How long have you had this problem? Since I was assaulted on 06/26/06

Inmate's Signature: _____ Date: _____

TO BE COMPLETED BY MEDICAL STAFF:

State Patient's Vital Signs: Temp _____ Resp _____ Pulse _____ B/P _____

Instructions/Assessment: Document your findings, Inmate's responses/actions _____

M.D.

Received Orders – thru Treatment Protocols; via telephone order; via verbal order

Follow-Up Required? If checked, date to be seen again _____

Chronic Condition _____

Inmate to be charged through medical co-pay for this visit

Seen by Medical: _____ Seen by: _____

Keep original form in patient's medical record.

me

PROGRESS NOTES

DATE	NOTES SHOULD BE SIGNED BY PHYSICIAN
4/29/06	
	Got pushed down the stairs yesterday.
	Fell from the top to the bottom.
	Has pain in his lower back on the
	left. Goes down back of @ Thigh.
	PE: @ tender & spasm left lumbar
	area.
	Hx: Back pain.
	Plan → medrol dose. pk, Penn Motin @ 1200
	back bid. x 7 days
	Robaxin 750 2 bid x 7 days.

Doctor's Signature: _____

NAME-Last

First

Middle

Attending Physician

Record No.

Room/Bed

PROGRESS NOTES



INMATE SICK CALL SLIP - MEDICAL REQUEST

TO BE COMPLETED BY INMATE: Please complete the top half of the Sick Call Slip and return it to the correctional officer and/or medical staff for submission and review by the medical staff. The medical staff will arrange for you to be seen by the appropriate medical staff member. You will be charged in accordance with the medical co-pay system at this facility.

Today's Date: 07/04/06 Pod Location: 5 Cell: 507 ID# 76363

Inmate's Full Name: JAMES G. HOFFMAN

Complaint/Problem: My ankle on the left leg is swollen and I can not put weight on it because of the severe pain. It needs to be X-rayed, also my back is hurting real badly since I was pushed down the stairs in 3 pod by Robert Millwood.

How long have you had the problem? Since June 26, 2006 when pushed down stairs in 3 pod
Inmate's Signature: James G. Hoffman Date: 06/07/06

TO BE COMPLETED BY MEDICAL STAFF:

Obtain Patient's Vital Signs: Temp _____ Resp _____ Pulse _____ B/P _____

Instructions/Assessment: document your findings, inmate's responses/actions

Received Orders - ☐ Treatment Protocols; via telephone order, via verbal order

Follow-Up Required? ☒ If checked, ☐ to be seen again

Chronic Condition _____

Inmate to be charged through medical co-pay for this visit _____

Seen by Medical _____ Seen by _____

Place original form in patient's medical record.

ordered X-ray
& already on IBU

**SOUTHERN RADIOLOGY SERVICES, LLC
X-RAY REPORT**

DATE	LAST NAME	FIRST NAME	MI
7/5/2006	HUFFMAN	JAMES	
D.O.B.	SEX	FACILITY	
		SHP-AUTAUGA CO JAIL	
ORDERING PHYSICIAN		X-RAY NO.	
NICHOLS			

LEFT ANKLE, TWO VIEWS, 07/05/06: Anterior tibial and dorsalis pedis artery calcifications are present. No fracture, dislocation or any significant bony abnormality identified.

DICTATED BUT NOT REVIEWED

Randall Finley, M.D./pag

tt: 7/5/2006 1:53:24 PM

td: 7/5/2006 1:41:33 PM

PLEASE PRINT

PATIENT: <u>Huffman Jones</u>		RESPONSIBLE PARTY INFORMATION (MUST BE COMPLETED FOR ALL PATIENTS)	
DOB: <u>10/29/53</u> SEX: <u>(M)</u> F ROOM #: _____	NAME: _____	PHONE #: () _____	
FACILITY: <u>Autauga Metro</u> CODE _____	ADDRESS: _____		
PHONE: <u>334-358-3729</u> FAX: <u>334-358-4827</u>	CITY: _____	STATE: _____	ZIP: _____
SSN: <u>418-78-9424</u>	PATIENT SIGNATURE: _____		
MEDICARE #: _____ CODE _____	Patient's or Authorized Person's Signature. I authorized the release of any medical or other information necessary to process this claim. I request payment of government insurance benefits be made to the provider performing services.		
MEDICAID #: _____ CODE _____			
INSURANCE: _____ CODE _____			
INSURANCE #: _____	PRE CERTIFICATION # _____	<input type="checkbox"/> Patient Unable to Sign	

EXAMS REQUESTED: Please Mark Each Clearly
X-RAY EXAMS

74000	Abdomen, 1 View	73520	Hip, Min 2 Views w/Pelvis L R	73580	Tibia/Fibula, 2 Views L R
✓ 73600	Ankle, 2 Views (AP 7 LAT) L R	73510	Hip, Comp Min 2 Views L R	73100	Wrist, 2 Views L R
73610	Ankle, Comp Min 3 Views L R	73060	Humerus, Min 2 Views L R	73110	Wrist, Min 3 Views L R
73650	Calcaneus (Heel), 2 Views L R	73560	Knee, 2 Views L R		OTHER _____
71010	Chest, 1 View (AP)	73582	Knee, 3 Views (Inc OBLQ) L R		OTHER EXAMS L R
		70100	Nasal Bones, Comp Min 3 Views		
71111	Chest With Ribs, 4 Views	72170	Pelvis, 1 Views		
73000	Clavicle, Complets L R	71100	Ribs, 2 Views L R	83000	EKG Pacemaker: Y N
73070	Elbow, 2 Views L R	72220	Sacrum/Coccyx, Min 2 Views	95819	EEG
73080	Elbow, Comp 3 Views L R	73030	Shoulder, Min 2 Views L R		
73550	Femur, 2 Views L R	70210	Sinuses, Less Than 8 Views		
73620	Foot, 2 Views L R				
73630	Foot, Comp Min 3 Views L R	70250	Skull, Less Than 4 Views		
73090	Forearm, 2 Views L R	72040	Spine, Cervical 2 Views		
73120	Hand, 2 Views L R	72100	Spine, Lumbosacral 2 Views		
73130	Hand, Min 3 Views L R	72070	Spine, Thoracic 2 Views		

DIAGNOSIS/SYMPOM(S): Please Mark ALL that apply

787.3	Abdomen Distention (Flatulence)	496	COPD, Chronic Obstructive Pulm. Dis.	560.9	Obstruction, Intestinal
787.5	Abnormal Bowel Sounds	788.2	Coughing	✓ _____	Pain in _____
413.0	Angina		Dislocation of _____	485	Pneumonia, Confirmed
	Arthritis of _____	780.4	Dizziness	514	Pneumonia, Probable
429.2	ASCVD, Atherosclerotic cardiovas. Dis.	787.2	Dysphagia (Difficulty Swallowing)	785.5	Positive Mantoux, PPD
427.31	Atrial Fibrillation	782.3	Edema (Swelling)	518.4	Pulmonary Edema, NOS
507.0	Aspiration	482.0	Emphysema	515	Pulmonary Fibrosis
427.89	Bradycardia	780.6	Febrile (Feverish)	786.7	Rales in Chest
	Bruise of _____		Possible Fracture of _____	786.09	Shortness of Breath
486.0	Bronchitis, NOS	560.39	Impaction	780.2	Syncope & Collapse
	Carcinoma of _____	518.3	Infiltrate, Lung	785.0	Tachycardia
429.3	Cardiomegaly	410.92	Myocardial Infarction	011.80	Tuberculosis
786.50	Chest Pain, Unspecified	787.01	Nausea and Vomiting	519.8	URI (Chronic)
514	Congestion, Chest				
428.0	Congestive Heart Failure				OTHER _____

PHYSICIAN'S
SIGNATURE: _____

Because of physical psychological and/or age limitations, this patient would find it difficult to receive this procedure(s) at a fixed site. I certify that this procedure(s) is/are medically necessary for the proper treatment of this patient.

RADIOLOGIST:

PRELIMINARY REPORT:

NURSE'S
SIGNATURE: J. Ellis, MTAORDERING
PHYSICIAN: K. Nichols

PHONE #: () _____

FAX: () _____

CODE

X-RAY #

TECH: RDCTDATE: 7/5/06#VIEWS: 2ARRIVE TIME: 9:30 AMQ0082 # 1DEPART TIME: 9:55 AM#PTS SEEN 2

AM

TIME:

PM



INMATE SICK CALL SLIP – MEDICAL REQUEST

TO BE COMPLETED BY INMATE: Please complete the top half of the Sick Call Slip and return it to the correctional officer and/or medical staff for submission and review by the medical staff. The medical staff will arrange for you to be seen by the appropriate medical staff member. You will be charged in accordance with the medical co-pay system at this facility.

Today's Date: 08/29/06 Pod/Location: 16 Pod Cell: 001 ID# _____

Inmate's Full Name: JAMES G. HUFFMAN

Complaint/Problem: Please drop all my medications & except my Aspirin, elavil and listril[®] due to the fact I can't afford to pay for it because of the \$102.00 debt x

How long have you had this problem? _____

Inmate's Signature: James G. Huffman Date: August 28, 2006

TO BE COMPLETED BY MEDICAL STAFF:

Note Patient's Vital Signs: Temp _____ Resp _____ Pulse _____ B/P _____

Instructions/Assessment: Document your findings, Inmate's responses/actions _____

☐ Received Orders – thru Treatment Protocols; via telephone order; via verbal order

☐ Follow-Up Required? If checked, date to be seen again _____

☐ Chronic Condition

☐ Inmate to be charged through medical co-pay for this visit

Date Seen by Medical: _____ Seen by: _____

Place original form in patient's medical record.

*that occurred due to a mix-up in the medication listing of ordered meds not having been sent to the medication office as it should have been.

Refusal of Treatment
and
Release of Responsibility

Inmate's Name: James Huffman

Date of Birth: 10-29-53 Social Security No.: 418-78-9424

Date: 9-2-06 Time: 5:00 a.m. (p.m.)

This is to certify that I, James Huffman
(Print Inmate's Name)
currently in custody at the Autauga Co. Metro Jail
(Print Facility's Name)

I have been told about the risks of refusing treatment for my current medical condition and acknowledge that I understand all medical information, current diagnosis, and future procedures that have been explained to me.

I am refusing any and all medical procedures and/or treatments of my current medical condition. If I decide to obtain medical treatment regarding my current condition, I will notify the medical staff immediately. I understand the limitations of treatment that may have been based on my refusal of prior treatment.

Therefore, I release Southern Health Partners, Inc., its staff, the facility and its staff and administrator(s) from all responsibility and I assume personal responsibility for the conditions that may occur as a result of my refusing treatment as prescribed by the medical staff of the facility and/or outside consultation services.

I am refusing from this date on 09/02/06

James Huffman *JE, MTA*
Signature of Inmate Signature of SHP Medical Representative

Witness

9-2-06
Date

cc: Confidential Medical File
Jail Administrator

*inmate has requested we stop all of his meds
pt Vistaril, Elavil, Aspiium because he
unable to pay for all of it. JE, MTA*

3712 Ringgold Road, #364
Chattanooga, TN 37412
423-553-5635 Phone
423-553-5645 Fax



INMATE SICK CALL SLIP – MEDICAL REQUEST

TO BE COMPLETED BY INMATE: Please complete the top half of the Sick Call Slip and return it to the correctional officer and/or medical staff for submission and review by the medical staff. The medical staff will arrange for you to be seen by the appropriate medical staff member. You will be charged in accordance with the medical co-pay system at this facility.

Today's Date: 10/09/06 Pod/Location: 6 pod Cell: 601 ID# _____

Inmate's Full Name: James G. Huffman

Complaint/Problem: I am experiencing severe pain in my left abdomen near the rib cage where I had my spleen removed. I'm still having a real problem with my back pain also.

How long have you had this problem? Just started on about October 3rd, 2006

Inmate's Signature: James G. Huffman Date: 10/09/06

TO BE COMPLETED BY MEDICAL STAFF:

Note Patient's Vital Signs: Temp _____ Resp _____ Pulse _____ B/P _____

Instructions/Assessment: Document your findings, Inmate's responses/actions _____

I'm 90 Stomache pain & stabbing, burning feeling.
See MD orders.

☒ Received Orders – ~~via~~ Treatment Protocols; via telephone order; via verbal order

☐ Follow-Up Required? If checked, date to be seen again _____

☐ Chronic Condition

☒ Inmate to be charged through medical co-pay for this visit

ate Seen by Medical: 10-10-06 Seen by: JE, MTA

Place original form in patient's medical record.



INMATE SICK CALL SLIP – MEDICAL REQUEST

TO BE COMPLETED BY INMATE: Please complete the top half of the Sick Call Slip and return it to the correctional officer and/or medical staff for submission and review by the medical staff. The medical staff will arrange for you to be seen by the appropriate medical staff member. You will be charged in accordance with the medical co-pay system at this facility.

Today's Date: 10/31/06 Pod/Location: D-6 Cell: 601 ID# _____

Inmate's Full Name: James G. Huffman

Complaint/Problem: I am still having severe pain in my
~~abdomen~~ abdomen, in the center of my diaphragm,
and under my ribs on the right side. I need to see

Doctor Nichols
How long have you had this problem? for about 2 weeks but it has gotten
a lot worse

Inmate's Signature: James G. Huffman Date: 10/31/06

TO BE COMPLETED BY MEDICAL STAFF:

Note Patient's Vital Signs: Temp _____ Resp _____ Pulse _____ B/P _____

Instructions/Assessment: Document your findings, Inmate's responses/actions _____

Treated by doctor Nichols 11-3-06

☐ Received Orders – thru Treatment Protocols; via telephone order; via verbal order

☐ Follow-Up Required? If checked, date to be seen again _____

☐ Chronic Condition

☐ Inmate to be charged through medical co-pay for this visit

Date Seen by Medical: _____ Seen by: _____

Place original form in patient's medical record.

PROGRESS NOTES

DATE	NOTES SHOULD BE SIGNED BY PHYSICIAN
11/3/06	For about a week has had an epigastric spasm & burning sensation. Seems to start when he's still sitting. Also has some reflux sx's. - real bad 3-4 days ago PB :/ @ tender epigastrum
A:	Esoph reflux
Plan →	add deglan 10mg 2bid. x 10d.
	mg

Doctor's Signature: _____

NAME-Last

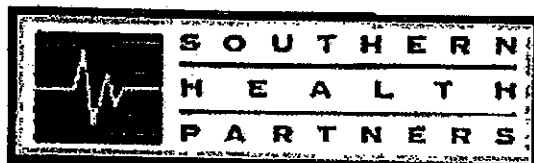
First

Middle

Attending Physician

Record No.

Room/Bed



Inmate Name: Huffman, James
 D.O.B. or I.D. #: 10/29/53
 Allergies: NKDA

Start at top and write subsequent orders below

Date of physician's order:

11/8/05

Noted
 by COOK
 11/8/05
 1201/P

D/C Paxil (Paroxetine) 40mg Q.P.M.
 when current medication gone.
 Then start
 Fluoxetine 20mg $\ddot{=}$ tabs Q.P.M.
 per v.o. Dr. Nichols / J. COOK, MD

Date of physician's order:

11/9/05

DC Plavix 75mg
 ASA 325mg po bid.
 VO Dr Nichols / R. Cal

Date of physician's order:

5/2/06

Continue meds as taken:
 mevacor 40mg $\ddot{=}$ po daily
 Lasotec 20mg $\ddot{=}$ po bid.
 Vistaril 25mg $\ddot{=}$ po bid.
 Prozac 20mg $\ddot{=}$ po q.p.m.

Date of physician's order:

Elavil 100mg $\ddot{=}$ po q.p.m.
 ASA 325mg $\ddot{=}$ po bid.
 VO Dr Nichols / R. Cal

Date of physician's order:

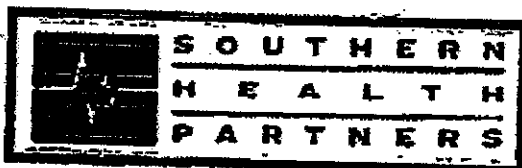
5-5-06

Tylenol 325mg $\ddot{=}$ po bid x 7 days
 TPO Dr Nichols / R. Cal

Date of physician's order:

5/24/06

Tylenol 325mg $\ddot{=}$ tabs bid x 3 days.
 R. Dr. Nichols / A. Naylor, MD



Inmate Name: Huffman, James
D.O.B. or I.D. #: 10/29/53
Allergies: Cocaine

Start at top and write subsequent orders below

Date of physician's order:

5/25/06

Zantac 150mg po bid x 10 days.

[Signature]

Date of physician's order:

5/26/06

Keflex 500mg ii Bid x 7 days per H. protocol - M. Deha

Date of physician's order:

6/26/06

Infantac 150mg BID
 per Dr. per H. protocol - J. Elts, MHA

[Signature]

Date of physician's order:

6/29/06

metrol dose pk.
 p dose pk. is gone give Ibuprofen 1200mg
 bid x 7 days
 Robaxin 750mg ii bid x 7 days.

[Signature]

Date of physician's order:

Date of physician's order:

[Signature]

Physician's Orders

Southern Health Partners, Inc.

Inmate Name: <u>Huffman, James</u>	Facility: <u>Hutauza</u>
SSN: _____	County: <u>0</u>
DOB: <u>10-29-53</u>	Jail
Allergies: <u>NKA</u>	

Date: <u>9/21/06</u>	Date: _____
<u>Ibuprofen 800 bid x 10 days prn,</u>	<u>bid x 5 days</u>
<u>Fleparil 10mg</u>	
<u>persantine 2</u>	
M.D. Sig: _____	M.D. Sig: _____
Date: <u>Loxastatin 40</u>	Date: <u>mg daily</u>
<u>Varo Tec 20mg</u>	<u>bid.</u>
M.D. Sig: _____	M.D. Sig: _____
Date: _____	Date: _____
M.D. Sig: _____	M.D. Sig: _____
Date: _____	Date: _____
M.D. Sig: _____	M.D. Sig: _____

MEDICATION ADMINISTRATION RECORD

HARTING FOR 11-1-05		THROUGH 11-30-05	
Physician - Nichols.		Telephone No.	
Att. Physician		Alt. Telephone	
Allergies: NKA.		Rehabilitative Potential	
Diagnosis			
Medicaid Number		Medicare Number	
Approved By Doctor:		Title:	
By:		Date:	
RESIDENT Huffman James		D.O.B. 10/29/53	Sex M
Room # 602C.		Patient Code	Admission Date

MEDICATION ADMINISTRATION RECORD

UTAUGA COUNTY JAIL
HUFFMAN, JAMES
REPORT DATE : 01/06

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
LOVASTATIN 40 MG TABLET MEVACOR 40 MG TABLET TAKE 1 TABLET ONCE DAILY	11/22/06 0600																																
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
ENALAPRIL MALEATE 20 MG T VASOTEC 20 MG TABLET TAKE 1 TABLET TWICE DAILY	12/12/06 0600																																
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
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		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
HYDROXYZINE PAM 25 MG CAP VISTARIL 25 MG CAPSULE TAKE 1 CAPSULE TWICE DAILY	11/22/06 0600																																
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
FLUOXETINE 20 MG CAPSULE PROZAC 20 MG PULVULE TAKE 2 CAPSULES IN THE EVENING	11/22/06 0600																																
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
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AMITRIPTYLINE HCL 100 MG ELAVIL 100 MG TABLET TAKE 1 TABLET IN THE EVENING	11/04/06 0600																																
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
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ASA 325 mg B.i.d (stock)	0600																																
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
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		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
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		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
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		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
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		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
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		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
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		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21											

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
LOVASTATIN 40 MG TABLET MEVACOR 40 MG TABLET TAKE 1 TABLET ONCE DAILY	11/22/06																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
HYDROXYZINE PAM 25 MG CAP VISTARIL 25 MG CAPSULE TAKE 1 CAPSULE TWICE DAILY	11/22/06																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
FLUOXETINE 20 MG CAPSULE PROZAC 20 MG PULVULE TAKE 2 CAPSULES IN THE EVENING	11/22/06																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
AMITRIPTYLINE HCL 100 MG ELAVIL 100 MG TABLET TAKE 1 TABLET IN THE EVENING	11/04/06																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
ASA 325 mg Tab + P ^c BID 11/1/05																																
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Lasotec 20mg po bid																																
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8																							

ADMINISTRATION RECORD

UTAUGA COUNTY JAIL
 HUFFMAN, JAMES
 REPORT DATE : 01/06

MEDICATIONS

LOVASTATIN 40 MG TABLET
 MEVACOR 40 MG TABLET
 TAKE 1 TABLET ONCE DAILY

HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
11/22/06	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

ENALAPRIL MALEATE 20 MG TABLET
 VASOTEC 20 MG TABLET
 TAKE 1 TABLET TWICE DAILY

12/12/06	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

HYDROXYZINE PAM 25 MG CAPSULE
 VISTARIL 25 MG CAPSULE
 TAKE 1 CAPSULE TWICE DAILY

11/22/06	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

FLUOXETINE 20 MG CAPSULE
 PROZAC 20 MG PULVULE
 TAKE 2 CAPSULES IN THE EVENING

11/22/06	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

AMITRIPTYLINE HCL 100 MG
 ELAVIL 100 MG TABLET
 TAKE 1 TABLET IN THE EVENING

11/04/06	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

ASA 325 mg

B.i.d

(stock)

11/04/06	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

CHARTING FOR	01/01/06	THROUGH	01/31/06	PAGE	1 OF 1
Physician	NICHOLS, KEN	Telephone No.			
Alt. Physician	NICHOLS, KEN	Alt. Telephone			
Allergies	NKA	Medical Record No.			
	NKA	Rehabilitative Potential			

Diagnosis

Medicaid Number

Medicare Number

Approved By Doctor:

By:

DOB:

Sex

Room

Title:

Date:

RESIDENT

HUFFMAN, JAMES

10/29/1953

M

#

J

Patient

Code

HUFFJAME

Admission

Date

00/00/00

MEDICATION ADMINISTRATION RECORD

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
LOVASTATIN 40 MG TABLET MEVACOR 40 MG TABLET TAKE 1 TABLET ONCE DAILY	11/22/06	0800	1200	1800																												
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
ENALAPRIL MALEATE 20 MG T VASOTEC 20 MG TABLET TAKE 1 TABLET TWICE DAILY	12/12/06	0800	1200	1800																												
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
HYDROXYZINE PAM 25 MG CAP VISTARIL 25 MG CAPSULE TAKE 1 CAPSULE TWICE DAILY	11/22/06	0800	1200	1800																												
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
FLUOXETINE 20 MG CAPSULE PROZAC 20 MG PULVULE TAKE 2 CAPSULES IN THE EVENING	11/22/06	0800	1200	1800																												
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
AMITRIPTYLINE HCL 100 MG ELAVIL 100 MG TABLET TAKE 1 TABLET IN THE EVENING	11/04/06	0800	1200	1800																												
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
ASA 325mg po bid (stock)	11/22/06	0800	1200	1800																												
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	11/22/06	0800	1200	1800																												
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	11/22/06	0800	1200	1800																												
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	11/22/06	0800	1200	1800																												
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

CHARTING FOR	02/01/06	THROUGH	02/28/06	PAGE	1 OF	1	Medical Record
Physician	NICHOLS, KEN	Telephone No.		Alt. Telephone			
Alt. Physician	NICHOLS, KEN	Rehabilitative Potential					
Allergies	NKA						

Diagnosis	Medicaid Number	Medicare Number	Approved By Doctor	Title	Date
			By: D.O.B.	Patient Code	Admission Date
			10/29/1958	HUFFJAME	00/01
RESIDENT	HUFFMAN, JAMES				

MEDICATION ADMINISTRATION RECORD

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
mevacor 40mg ÷ po q day	6A	X																														
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
vasotec 20mg ÷ po bid	6A	X																														
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
	6P	X																														
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
vistacort 25mg ÷ po bid	6A	X																														
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
	6P	X																														
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Prozac 20mg ÷ po q pm		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	6P	X																														
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Elavil 100 mg ÷ po q pm		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	6P	X																														
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
ASA 325mg ÷ po bid	6A	X																														
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
	6P	X																														
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Tylenol 325mg ÷ po bid x 7 days	6A	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
	6P	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Keflex 500mg ÷ BID x 7 days	AM	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
	PM	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Percocet ÷ BID x 7 days	AM	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
	PM	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

CHARTING FOR	5-1-06	THROUGH	5-31-06
Physician	Nichols	Telephone No.	Medical Record No.
Alt. Physician		Alt. Telephone	
Allergies	NKA ? codeine	Rehabilitative Potential	

Diagnosis	Medicaid Number	Medicare Number	Approved By Doctor:				
			By:	Title:	Date:		
RESIDENT	Huffman, James	10/29/53	Sex	Room	Patient Code	Admission Date	
			m	3			

MEDICATION ADMINISTRATION RECORD

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Tylenol 325mg. P.O. bid x 3 days 5/24/06	10 AM	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	10 PM	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Zantac 150mg. bid x 10 days 5/25/06 - 6/05/06	10 AM	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	10 PM	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Reflex 500mg ii Bid x 7 days 5/26/06 - 6/1/06	AM	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	PM	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Pericardial ii Bid x 3 days		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	2										

CHARTING FOR 5/24/06		THROUGH 5/31/06	
Physician		Telephone No.	
Alt. Physician		Alt. Telephone	
Allergies		Rehabilitative Potential	
Codeine			
Diagnosis			
Medicaid Number		Medicare Number	
Approved By Doctor:			
By:		Title:	
Date:		Date:	
RESIDENT		D.O.B.	
Huffman, James		10/29/53	
Sex		Room	
M		3	
Patient Code		Admission Date	

AUTAUGA COUNTY JAIL
HUFFMAN, JAMES
REPORT DATE : 06/06

MEDICATION ADMINISTRATION RECORD

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
LOVASTATIN 40 MG TABLET MEVACOR 40 MG TABLET TAKE 1 TABLET ONCE DAILY	05/08/07 0700																																
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
ENALAPRIL MALEATE 20 MG VASOTEC 20 MG TABLET TAKE 1 TABLET TWICE DAILY	05/15/07 0700																																
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
	1700																																
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
HYDROXYZINE PAM 25 MG CAP VISTARIL 25 MG CAPSULE TAKE 1 CAPSULE TWICE DAILY	05/03/07 0700																																
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
	1700																																
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
FLUOXETINE 20 MG CAPSULE PROZAC 20 MG PULVULE TAKE 2 CAPSULES IN THE EVENING	05/08/07 1700																																
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
	1700																																
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
AMITRIPTYLINE HCL 100 MG ELAVIL 100 MG TABLET TAKE 1 TABLET IN THE EVENING	05/03/07 1700																																
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
	1700																																
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
ASA 325 mg ÷ po bid	6am																																
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
	6pm																																
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
ZANTAC 150 mg bid x 10 days 5/25/06 - 6/05/06	6am																																
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
	6pm																																
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
ZANTAC 150 mg bid	6am																																
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
	6pm																																
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
		1																															

CHARTING FOR 06/01/06		THROUGH 06/30/06		PAGE 1 OF 1	
Physician NICHOLS, KEN		Telephone No.		Medical Record No.	
Alt. Physician NICHOLS, KEN		Alt. Telephone			
Allergies NKA		Rehabilitative Potential			
Diagnosis					
Medicaid Number		Medicare Number		Approved By Doctor:	
				By: O.D.B.	
RESIDENT HUFFMAN, JAMES		10/29/1953		Sex M	
		Room J		Patient Code HUFFJAME	
		Title		Date: 06/06/06	

CHARTING FOR		4/29/06		THROUGH	
Physician			Nichols		Telephone No.
Alt. Physician					Alt. Telephone
Allergies			NKA		Rehabilitative Potential
Diagnosis					
Medicaid Number:		Medicare Number		Approved By Doctor:	
				By:	
RESIDENT		Huffman, James.		D.O.B.	10/09/53
				Sex	M.
				Room	6
				Patient Code	
				Title:	
				Date:	
				Admission Date	

MEDICATION ADMINISTRATION RECORD

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Medrol Dose Pack Give as directed 6/29/06		REDACTED																														
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
IBU 1200 mg. bid x 7 days 6/29/06	6am	REDACTED																														
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	6pm	REDACTED																														
Robaxin 750 mg. ii tabs bid x 7 days 6/29/06	6am	REDACTED																														
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	6pm	REDACTED																														
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3																												

CHARTING FOR: 6/7/1/06		THROUGH: 7/31/06	
Physician: Nichols		Telephone No.	
Alt. Physician:		Alt. Telephone:	
Allergies: NKA		Rehabilitative Potential:	
Diagnosis:			
Medical Number:	Medicare Number:	Approved By Doctor:	
		By:	
		Title:	
		Date:	
RESIDENT: Huffman James	D.O.B.: 10/29/53	Sex: M	Room: 65
		Patient Code:	Admission Date:

AUTAUGA COUNTY JAIL
HUFFMAN, JAMES
REPORT DATE : 07/06

MEDICATION ADMINISTRATIVE RECORD

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
LOVASTATIN 40 MG TABLET MEVACOR 40 MG TABLET TAKE 1 TABLET ONCE DAILY	05/03/07	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	0600	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	1000	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	1600	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
ENALAPRIL MALEATE 20 MG VASOTEC 20 MG TABLET TAKE 1 TABLET TWICE DAILY	05/15/07	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	0600	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	1000	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	1600	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
HYDROXYZINE PAM 25 MG CAP VISTARIL 25 MG CAPSULE TAKE 1 CAPSULE TWICE DAILY	05/03/07	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	0600	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	1000	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	1600	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
FLUOXETINE 20 MG CAPSULE PROZAC 20 MG PULVULE TAKE 2 CAPSULES IN THE EVENING	05/08/07	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	0600	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	1000	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	1600	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
AMITRIPTYLINE HCL 100 MG ELAVIL 100 MG TABLET TAKE 1 TABLET IN THE EVENING	05/03/07	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	0600	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	1000	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	1600	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
ASA 325 mg. + po bid	0600	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	1000	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	1600	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	1600	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Zantac 150 mg. bid	0600	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	1000	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	1600	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	1600	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	0600	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	1000	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	1600	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	1600	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

CHARTING FOR	07/01/06	THROUGH	07/31/06	PAGE	1 OF	1
Physician	NICHOLS, KEN	Telephone No.	Medical Record No.			
All Physician	NICHOLS, KEN	All Telephone				
Allergies	NKA	Rehabilitative Potential				
Diagnosis						
Medicaid Number	Medicare Number	Approved By Doctor:				
		By:	Title:	Date:		
RESIDENT	HUFFMAN, JAMES	D.O.B.	Sex	Room	Patient Code	Admission Date
		10/29/1953	M	J	HUFFJAME	00/00/0

AUTAUGA COUNTY JAIL
HUFFMAN, JAMES
REPORT DATE : 08/06

MEDICATION ADMINISTRATIVE RECORD

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
LOVASTATIN 40 MG TABLET MEVACOR 40 MG TABLET TAKE 1 TABLET ONCE DAILY D/C	05/08/07 0800 10am	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
ENALAPRIL MALEATE 20 MG VASOTEC 20 MG TABLET TAKE 1 TABLET TWICE DAILY D/C	05/15/07 0800 10am 12pm	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
HYDROXYZINE PAM 25 MG CAP VISTARIL 25 MG CAPSULE TAKE 1 CAPSULE TWICE DAILY Continue	05/01/07 0800 10am 12pm	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
FLUOXETINE 20 MG CAPSULE PROZAC 20 MG PULVULE TAKE 2 CAPSULES IN THE EVENING D/C	05/08/07 10pm	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
AMITRIPTYLINE HCL 100 MG ELAVIL 100 MG TABLET TAKE 1 TABLET IN THE EVENING Continue	05/01/07 10pm	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
ASA 325 mg. + po bid Continue	am pm	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Zantac 150 mg. BID q. day D/C	am pm	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

CHARTING FOR	08/01/06	THROUGH	08/31/06	PAGE	1 OF 1
Physician	NICHOLS, KEN	Telephone No.			
Alt. Physician	NICHOLS, KEN	Alt. Telephone			
Allergies	NKA	Rehabilitative Potential			
Diagnosis					
Medical Number	Medicare Number	Approved By Doctor			
By:	DOR	Sex	Room	Title:	Date:
RESIDENT	HUFFMAN, JAMES	10/29/1953	M	J	00/00/0
Patient Code	HUFFJAME				

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
<i>Lorastatin 40mg q. am ordered 9/21/06</i>	bpm	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
<i>Vasotec 20mg BID ordered 9/21/06</i>	bpm	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	bpm	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3																												

STARTING FOR: 9-21-06		THROUGH: 9-31-06	
Physician: Nichols		Telephone No.	Medical Record No.
Physician		Alt. Telephone	
Diagnosis: NKA		Rehabilitative Potential	
Medicaid Number		Medicare Number	Approved By Doctor:
			By: Title: Date:
RESIDENT: Huffman, James	D.O.B: 10/29/53	Sex: m	Room: 6020
		Patient Code	Admission Date

MEDICATION ADMINISTRATION RECORD

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
LOVASTATIN 40 MG TABLET MEVACOR 40 MG TABLET TAKE 1 TABLET ONCE DAILY	05/08/07 0800 am																																
ENALAPRIL MALEATE 20 MG T VASOTEC 20 MG TABLET TAKE 1 TABLET TWICE DAILY	05/15/07 0800 am 1700 pm																																
HYDROXYZINE PAM 25 MG CAP VISTARIL 25 MG CAPSULE TAKE 1 CAPSULE THREE 2 TIMES DAILY	09/05/07 am 1200 1700 pm																																
FLUOXETINE 20 MG CAPSULE PROZAC 20 MG PULVULE TAKE 2 CAPSULES IN THE EVENING	05/08/07 1700 pm																																
AMITRIPTYLINE HCL 100 MG ELAVIL 100 MG TABLET TAKE 1 TABLET IN THE EVENING	05/03/07 1700 pm																																
ASA 325 mg. $\dot{\bar{t}}$ BID Stok	am pm																																
Mezanta 150mg $\dot{\bar{t}}$ BID 10/10/06 Mezanta - Acid stuff - 1 med cup BID x 2 wks	am pm																																

CHARTING FOR:	10/01/06	THROUGH:	10/31/06	PAGE	1 OF	1	
Physician	NICHOLS, KEN	Telephone No.					
Alt. Physician	NICHOLS, KEN	Alt. Telephone					
Allergies	NKA	Rehabilitative Potential					
Diagnosis							
Medicaid Number	Medicare Number	Approved By Doctor:					
By:	Title:	Date:					
RESIDENT	HUFFMAN, JAMES	D.O.B.	10/29/1953	Sex	M	Room	J
		Patient Code	HUFFJAME	Admission Date	00/00/00		